

**North Homes Children & Family Services: Pre-Intake Referral Information**

<b>Intake Taken By:</b>	<b>Additional Background Info Sent: Yes or No (circle one)</b>
<b>Date of Referral:</b>	<b>Via: phone/email/other (circle one)</b>
<b>Referring County:</b>	<b>Who has Custody:</b>
<b>Referring Worker:</b>	<b>Other Counties/Tribes/Workers Involved:</b>
<b>Phone Number:</b>	<b>Fax Number:</b>
<b>Urgency of Placement:</b>	

<b>Male</b>	<b>Female</b>

<b>Client Name(s):</b>	<b>DOB/Age(s):</b>
<b>Race:</b>	<b>ICWA Required: Yes or No (circle one)</b>

**Child History: (TPR, History of placements, other facilities)**

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**Services needed while in placement:**

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**Date of Most Recent DA/Psychological Assessment:** \_\_\_\_\_

<b>Diagnosis/IQ</b>	<b>Current Medications</b>	<b>Placement Goal</b>
<b>Suicidal? Yes or No</b>	<b>Fire Setter Yes or No</b>	<b>Cruelty to Animals/things Yes or No</b>
<b>If Yes-Last Attempt Date:</b>	<b>If Yes-Give Details:</b>	<b>If Yes-Give Details:</b>

<b>Risk to other people/kids?</b> Yes or No  If Yes-Give Details:	<b>Physically Aggressive?</b> Yes or No  If Yes-Give Details:  <b>Victim of Abuse?</b> Yes or No  If Yes-Give Details:	<b>Sexually Abused?</b> Yes or No  If Yes-Give Details:  <b>Sexual Acting Out?</b> Yes or No  If Yes-Give Details:
<b>Drug/Alcohol Use?</b> Yes or No  <b>Tobacco Use?</b> Yes or No	<b>Run Risk?</b> Yes or No  <b>Destructive to Property?</b> Yes or No	<b>Hoard?</b> Yes or No  <b>Purge?</b> Yes or No
<b>School Info:</b> Grade- IEP? Yes or No	<b>Last school attended:</b>	<b>Counseling Info:</b>
<b>Siblings?</b>	<b>Contact Accepted With:</b>	<b>NO CONTACT WITH:</b>
<b>Probation/Legal Issues:</b>	<b>Strengths:</b>	<b>Medical Concerns:</b>  <b>Other Concerns:</b>

<b>Referral sent to:</b> <input type="checkbox"/> -Bemidji Office; <input type="checkbox"/> -Duluth Office; <input type="checkbox"/> -Grand Rapids Office; <input type="checkbox"/> -Luke; <input type="checkbox"/> -Other:
<b>Possible Foster Home Options:</b>   
<b>Additional Notes:</b>

<b>Was youth placed in North Homes Option?</b>	<b>Yes or No (circle one)</b> <b>If not-Why?</b>
<b>Actual Placement Date:</b>	<b>Home Youth(s) Placed In:</b>