**Prairie Lakes Youth Programs**1808 Civic Center Drive  
Willmar, MN 56201  
320-231-1729  
prairielakes.net

**Prairie Lakes Youth Programs Referral Form**Complete this form to refer a youth to our programs at PLYP.  
Programs Include:  
Toledo's Passage (Secure Detention and Residential Corrections Male and Female)  
Leo's Legacy (Non-Secure Middle School Males)  
Captain's Academy (Non-Secure High School Males)  
Haven House (Community Based Group Home Females)  
Integrity House (Community Based Group Home Males)

Questions and immediate assistance can be directed to: Holly Booth, Executive Director, holly@prairielakesyouth.org  
**Program Requested**  
**Referral Date**  
**Rationale For Placement Request**  
**Name of Person Completing this Form**   
 **Youth Demographics**  
**Youth Full Name**  
**Preferred Name or Nickname**  
**Date of Birth**  
**Place of Birth**  
**Gender Assigned at Birth**   
**Gender Identifies As**  
**Race and Cultural Heritage**  
**Spiritual or Religion Affiliation**   
  
 **Placing Agency  
Agency/County/Program Name**  
**Referral Agent Name**  
**Agent Phone Number**  
**Agent** **Email**   
  **Legal Custodian Information**  
**Is Legal Custodian Same as Parent**  
**Legal Custodian Name**  
**Custodian Phone Number**  
**Custodian Email**   
**Custodian Address**   
  
 **Parent Information   
Parent Names**   
**Parent Phone Numbers**  
**Parent** **Emails**   
**Parent** **Addresses**  
  
 **Education Information  
Most Recent School Attended**  
**City and School District**   
**Contact Person at School (Name and Title)**   
**Does the Youth Have an IEP**   
**Current Grade in School**   
  
  **Medical History  
Medical Needs or Supports**  
**Any Allergies**   
**Any Physical Disabilities**   
**Any Physical or Medical Restrictions**  
**Current Medications**   
  
 **Diagnostic Information  
Most Recent DSM Diagnosis**   
**Diagnostic or Other Assessments Completed**   
 **Strengths and Difficulties**  
**Share the Trauma and Mental Health ACEs Impact Youth Has Experienced**   
**Any Sexual Boundary or Vulnerability Concerns**   
**Any Significant Aggression History or Current Behaviors**   
**Share the Challenges and Difficulties Youth is Working to Overcome**  
**Share the Achievements and Strengths Youth Demonstrates**  
**Anything Else not Mentioned that we Should Know**  
**Share the ‘Coolest’ Thing about this Kiddo**  
  
  **Placement Request**  
**Length of Stay Requested**  
**Any Services Requested During Stay**  
**Placement Goals**  
**Intake Date Requested**  
  
 **Administrative Review**  
**Administrator Name**   
**Date**   
**Intake Decision/Program**   
**Rationale**   
**Placing Agency Notification**