*** REFERRAL QUESTIONNAIRE***

*Unless indicated otherwise, all referral information should be directed to the PLYP Group Homes Program Director, Sara Duchene, at* [sara@plypgh.com](mailto:sara@plypgh.com)

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| ***CHILDS NAME:*** |
| ***CHILDS AGE:*** |
| ***WOULD THIS PLACEMENT BE*** ***COURT ORDERED OR*** ***VOLUNTARY?*** |
| ***IF COURT ORDERED, COULD THE ORDER READ TO ALLOW TEMPORARY TRANSFER TO SECURE SHOULD***  ***BEHAVIORS WARRANT? YES  NO*** |
| ***WHERE IS THE CHILD CURRENTLY?*** |
| ***LIST PRIOR PLACEMENT HISTORY:*** |
| ***IS THERE A CURRENT*** ***DIAGNOSTIC ASSESSMENT OR***  ***PSYCH EVAL (IF SO, MUST HAVE A COPY):*** |
| ***IQ SCORE:*** |
| ***IS THE CHILD ON ANY MEDICATIONS?***  ***YES  NO (IF SO PLEASE LIST):*** |
| ***WOULD THE CHILD NEED A PSYCH EVAL WITH OUR PROVIDER?*** ***YES***  ***NO*** |
| ***ARE THERE ANY CRIMINAL CHARGES/HISTORY? YES  NO (IF SO PLEASE IDENTIFY):*** |
| ***ABUSE HISTORY?  PHYSICAL  SEXUAL  EMOTIONAL  N/A*** |
| ***CONCERNS REGARDING SEXUAL BOUNDARIES? YES  NO (IF SO PLEASE EXPLAIN):*** |
| ***HISTORY OR CONCERNS REGARDING PERPETRATING OR ABUSING OTHERS?***  ***YES  NO (IF SO PLEASE EXPLAIN):*** |
| ***AGGRESSION HISTORY? YES  NO (IF SO PLEASE EXPLAIN):*** |
| ***CHEMICAL USE ISSUES?***  ***YES  NO (IF SO PLEASE EXPLAIN):*** |
| ***WOULD THE CHILD NEED A***  ***RULE 25 OR***  ***OUT PATIENT PROGRAMMING?*** |
| ***HISTORY OR CONCERNS OF***  ***SELF-INJURIOUS BEHAVIORS OR***  ***SUICIDAL ATTEMPTS/IDEATIONS?*** ***(IF SO PLEASE EXPLAIN):*** |
| ***FAMILY HISTORY/CONCERNS?*** |
| ***CURRENT SCHOOL AND GRADE:*** |
| ***IS THERE AN IEP? YES  NO (MUST RECEIVE A COPY OF IEP AND EVALUATION REPORT):*** |
| ***ANY BEHAVIORAL CONCERNS IN SCHOOL?*** |
| ***ARE THERE ACEDEMIC CONCERNS?*** |
| ***WHERE WOULD THE CHILD GO UPON SUCCESSFUL DISCHARGE FROM PLYP GROUP HOME?*** |
| ***LIST YOUR TREATMENT RECOMMENDATIONS FOR PLACEMENT:*** |
| ***AVERAGE GROUP HOME PLACEMENT IS 5-8 MONTHS; IS THERE A DIFFERENT TIME FRAME YOU WOULD LIKE US TO CONSIDER? YES  NO (IF SO PLEASE EXPLAIN):*** |
| ***WHEN ARE YOU HOPING TO HAVE THE CHILD ADMITTED?*** |
| ***LIST ANY OTHER QUESTIONS OR CONCERNS YOU MAY HAVE:*** |

***ADDITIONAL INFORMATION NECESSARY TO ASSIST US IN DETERMINING IF CLIENT CAN BE ACCEPTED:***

* + *Prior placement discharge reports*
  + *Family history/issues*
  + *Prior and current diagnostic, psychological, psychiatric, neuropsychological, psychosexual evaluations*

*Please be sure to include your contact information. Thank you!*