



Referral & Pre-placement SCREENING ASSESSMENT

Referral Information: Date of Referral: _____ Referral Completed by: _____

Service Partner Information

Name (first/middle/last):		Age:	Birth Date:
Permanent Address (Street Address & Mailing Address):		Sexual Orientation	Pronouns
Last Known Place of Residence:			
Nickname/ Alias:		Cultural Heritage/Ethnicity:	
Race:		Any waivers? i.e. CADI, DD, CAC, BI, HCBS	
Language of Service Partner:		Language of Service Partner's Family:	

Placement Authority: _____ Ramsey County _____ Hennepin County _____ Other (_____)

Type of Referral: _____ Probation _____ Mental Health _____ Child Protection _____ Other

Legal Status (Check ALL That apply): _____ Court-ordered Placement _____ CHIPS _____ Extended Juvenile Jurisdiction (EJJ) _____ Status Offender _____ Non-status Offender _____ Termination of Parents Rights _____ Voluntary Placement

Comments:

Referral Source Contact Information:

Name: _____ Agency: _____

_____ Social Worker _____ Probation Officer _____ Child Protection _____ Other (_____)

Mailing Address: _____

Email: _____ Phone: _____ Cellular: _____

Insurance Information: Medical Assistance: _____ Yes _____ No Health Plan: _____

MA/ Number: _____ Social Security Number: _____

Information and Sources Utilized to Determine Appropriateness of Referral: (Check ALL that Apply)

_____ Placement Plan _____ Psychological Assessment _____ Psychiatric Assessment _____ IEP

_____ Discharge Summary _____ Previous Placement Reports _____ In person Screening Session

_____ Health Records _____ Referral Sources Notes _____ Other (_____)

Comments:

DI Representatives Involved in Determining Appropriateness of the referral: (please list name & title)

(NOTE: DI Executive Director & Program Director must be consulted with on all referrals.)

Dr. Aretta-Rie Johnson, CEO
Ms. Michelle Hollie, House Manager



Does she have any allergies? Yes No - If yes, list: _____

How long has the child been in the system? _____ How many placements? _____

Are there any legal guardianship or custody arrangements currently in place for the child, such as a state ward designation? Yes No If yes, explain:

Has the child been formally assessed for their IQ or cognitive abilities in the past? If so, what were the results and recommendations?

Have there been any recent traumatic events or major life changes for the child (e.g. loss of a family member, divorce, relocation)?

How does she typically express her anger and/or frustration? Check if N/A

Can you describe the frequency and intensity of her aggressive behavior? Check if N/A

Have there been any specific triggers or situations that seem to lead to outbursts of aggression? Check if N/A

How does she typically respond to authority figures or rules and boundaries?

Does she have a history of substance abuse or involvement with the juvenile justice system?

Please submit the following documentation to be considered for placement:

Discharge summary from last two placements; IEP; psychological assessments; behavior management plans; IQ documentation; and any other materials that would help DIVINE with making an informed decision.

Assessment Determination:

The D.I.V.I.N.E. Intervention can meet the needs of the Service Partner? _____ Yes _____ No

Referral Accepted _____ Yes _____ No **If YES....** Projected Intake Date: _____

If NO.... Reasons referral was declined: _____

If NO..... Date Referral Source was informed:

Signatures

Team Member: _____ **Date:** _____

House Manager: _____ **Date:** _____