



# 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:** \_\_\_\_\_