



Monroe Harding
Healing happens here.

Monroe Harding Independent Living Referral Form

Name of Youth: _____

Date of Birth: _____

Date of Referral: _____

Referral Made By: _____

Contact Person: _____

Title: _____

Region: _____

Telephone: _____

Fax: _____

Current Placement: _____

Contact Person: _____

Address: _____

Telephone #: _____

Type of Custody: (i.e. D/N, unruly, JJ,) _____

Home County: _____

Previous Placements within the last year: (Please include dates and reason for transition or disruption if known).

Education Status: (i.e. High School, GED, Post Secondary) _____

Education:

Current grade level: _____

Last School Attended: _____

Address: _____

Telephone#: _____

Educational Plan/Goal: _____

Copy of Birth Certificate Received: Yes or No

Copy of Social Security Card Received: Yes or No

Source of Medical Insurance: (Please Specify) _____
Card #: _____

Please check all that apply:

Sex Offender History. If so, please specify:

Please check if a Community Risk Assessment has been completed.

Drug and Alcohol History. If so, please specify:

Mental Health Diagnosis Please specify services currently receiving:

Date of last Psychological Evaluation: _____

Psychiatrist: _____

Diagnosis:

Services Currently Receiving:

a. _____

b. _____

c. _____

d. _____

e. _____

History of suicidal/homicidal threats or ideations? If so, please specify

Legal Convictions or pending charges as an adult. If so, please specify:
Convictions and dates:

Pending Charges:

Health or physical disabilities. If so, please specify:
Diagnosis: _____
Treatment: _____
Medications: _____
EPSDT Screening Dates: _____

Employment Experience. If so, please specify:

Prescription Medication
Name of medication: _____
Dosage: _____
Reason: _____

Name of medication: _____
Dosage: _____
Reason: _____

Name of medication: _____
Dosage: _____
Reason: _____

Name of medication: _____
Dosage: _____
Reason: _____

Family of Other Emotional Support

Name: _____

Relationship to Youth: _____

Address: _____

Telephone Number: _____

Please use the space provided below to include any additional information concerning said child (Personality, progress made, hobbies, interests, etc.)

- Note: Information on current and recent behavior of said youth, does not exclude them from Monroe Harding's, Inc. Independent Living Program. The information gathered is to determine the appropriateness of said youth for the program, and youth will not be excluded solely on the information provided.

Thank you for your interest in Monroe Harding's Independent Living Program.