



Greater Minnesota Family Services
Circle of Courage Youth Program
3619 SW 15th Avenue, Willmar, MN 56201
Phone: (320) 235-3664 Fax: (320) 235-1671

Referral for Circle of Courage Youth Program

Referred by: _____ Agency: _____ County: _____

Phone: _____ Fax: _____ email: _____

Please complete this form as thoroughly as possible, leaving nothing blank. If the answer is 'yes', please describe. If the answer is 'no' or 'NA', please write no or NA. Do not leave anything blank. Please also send any updated supporting documents. I.E: DA, Psych Eval, Neuro, IEP, Discharge summaries, etc.

Reason for seeking placement at Circle of Courage Youth Program (please be specific in a brief narrative):

Client initials: _____ DOB: _____ Gender: _____ Sibling(s) (name, DOB): _____

Legal Guardian(s)' name: _____

Guardian phone #: _____ Email address: _____

Address: _____ City/State: _____ Zip: _____

Party responsible for payment & placement needs:

County/Grant: _____ Primary Insurance: _____

Type of placement: Voluntary Court-ordered (CHIPS)

Court-ordered (other – please include in the court order that the child can be removed and placed in a more secure setting if needed)

Length of Placement: _____

Purpose of Placement: Rule 79 Reunification Transition Other: _____

Services Requested: Day Treatment Circle of Courage Youth Program Diagnostic Assessment Family Therapy

Individual Therapy Other: _____

Our program does not specialize in cognitive therapy/concerns or behavioral management.

Pertinent Background Information:

1. Is the child in agreement with placement? No Yes

2. Do they have chemical abuse/use concerns? No Yes: _____

3. Is the child currently in need of detoxification? No Yes

4. Is this child currently on probabtion? No Yes

5. If YES, What are they on probation for? If the charge is assault please provide the degree:

6. Does this child have a DD, ASD (level?), ND, FAS diagnosis? No Yes (List Below):

7. List medications (**YOU MUST BRING AT LEAST 15 DAY SUPPLY AT INTAKE; if pills need cut, we need to know in advance**):

8. Does this child have any serious medical needs, specific dietary needs, or physical limitations/concerns?

9. Are there concerns of this child being victimized and/or victimizing others? Are there vulnerability concerns?

10. **Run Risk:** Mild Moderate Severe

Has child ever run from home/placement or been reported as a missing person by parent, but returned on their own?

Has child been frequently reported missing, but returned by law enforcement or their own with no further incident?

Has child chronically run away from home/placements for extended periods of time? _____

Date(s) of prior runs: _____

Where have they run from? _____

Circumstances of the run(s):

11. **Suicide Risk:** Mild Moderate Severe

Has the child had recent severe self-injurious behaviors?

Has the child recently attempted to commit suicide? (cutting, overdosing, etc)

12. **Physical Aggression Risk:** Mild Moderate Severe

Has the child ever attempted to harm anyone? No Yes

If yes, how? Was a weapon/object used? Explain.

Has the child ever destroyed property?

Has the child ever been assaultive or physically aggressive? Who were/are they aggressive towards?

Where has the aggression taken place? What are the circumstances?

12. Is this child currently reporting any sexual or physical abuse? No Yes (refer to 12a and 12b)

12a. Is the report under investigation at this time? No Yes (by whom?) _____

12b. Description of abuse:

13. Does this child have a history of inappropriate sexual behavior? Has the child participated in a sexual treatment program?
