OAKLAND COUNTY YOUTH ASSISTANCE PROGRAM Staff Area REFERRAL FORM PLEASE PRINT Middle Last Date of Birth Social Security Number Sex City Zip Code Address Asian □ Black \square Caucasian \square Hispanic Multi-racial (w) (h) (cell) City and Zip Mother's Name Address Phone (w) (h) (cell) Father's Name Address City and Zip Phone (w) (h) (cell) Step-parent or Guardian Address City and Zip Phone (living with child) Name of School Grade School District Name of Local Youth Assistance Program BRIEF DESCRIPTION OF REASON FOR REFERRAL (use additional sheets if necessary) Upon acceptance of services, families will be assessed a \$25 processing fee● Have other agencies or school services been involved? Yes □ No 🗌 If yes, who? Is parent aware of referral? Yes No \square Is youth aware of referral? Yes No \square Has parent been informed of processing fee? Yes No Signature of Referring Person: Date: (signature required) Print Full Name of Referring Person: Address: City and Zip Code: Telephone: Agency:

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YOUTH ASSISTANCE FAMILY HISTORY

Name of Client:		Parent (or Legal Guardian)							
	MOTHE		FATHER	STEPPARENT (LIVING WITH CHILD)					
Name	WOTTE	-rx	TATILEN	(LIVING WITH CHILD)					
Address									
City, Zip									
Home Phone									
Work Phone									
Occupation									
Birth Date*									
Educational Level*									
Marriage Date									
Separation/Divorce Date	3								
Religion									
Race*									
E-Mail Address/Cell Nu	mher								
Family Income Range: \$0-\$15,000 \$15,001-\$30,000 \$30,001-\$45,000 \$45,001-\$60,000 \$60,001 and above Marital Status of Natural Parents: Never Married Married Separated Divorced Widowed Child lives in the household with these adults: (may check more than one) Parents Mother Stepparent Guardian Relative Live-in Other Name of Health Insurance:									
	L	IST CHILDREN IN THI	FAMILY						
Name (First and Last)	Age	Name of School							
				☐ Yes ☐ No					
				☐ Yes ☐ No					
				☐ Yes ☐ No					
				☐ Yes ☐ No					
				☐ Yes ☐ No					
				☐ Yes ☐ No					
				☐ Yes ☐ No					
				☐ Yes ☐ No					

^{*}For Statistical Purposes Only

CHILD INFORMATION

Has your child ever	been hospi	talized?	,	Yes 🗌 No E	Explain:					
Does your child have	ve any physi	ical prol	olems?	☐ Yes ☐ No	Explain:					
Does your child take medication?										
Has your child ever lived outside of the home? Yes No Explain:										
Is your child adopted?										
Has your child ever	had psycho	ological	testing	? ☐ Yes ☐ No						
Has any member of	your family	receive	d coun	seling or therapy?	☐ Yes		No			
Please provide as much of the following information as possible. Include contacts with other agencies, such as police, school social workers, court, Fairlawn, Protective Services, Child and Adolescent Clinic, private therapy, etc.										ers,
Family Member	Clinic/	Agency	(Counselor/Worker	Address/City			Phone	Dates	5
n the event of a scheduling conflict, please list the name and number of someone who may be contacted if we are unable to reach you. Name: Phone: Relationship to You:										
BEHAVIORAL CHECKLIST f any of the following applies to your child (who was referred to this office), please check. Please indicate if the behavior is happening NOW or in the PAST or BOTH. NOW represents behaviors within the last six months. PAST represents behaviors present for longer than six months.										
		Now	Past			Now	Past		Now	Past
Sleeping Difficulties Bedwetting				Verbally Abusive Cruelty/Bullying				Fighting Shows Off/Clowning		
Poor Eating Habits				Unusual Play Habits				Short Attention Span		
Completes Chores				Courteous/Polite				Lacks Self-Control		
Hyperactive				Plays With Younger Kids				Immature		
Reading Difficulty				Prefers Older Kids				Depression		
Repeated a Grade Poor School Attendan				Demands Attention Good Peer Relations				Suicidal Sharp Mood Swings		
Poor Grades	ice			Respects Adults/Authority				Perfectionist		
Special Classroom				Disobedience				Active in Sports		
Behavioral Problems	at School			Lying				Low Frustration Level		
Withdrawn/Shy				Stealing				Happy Child		
Outgoing/Friendly				Destructive				Sad Child		
Argues With Mother				Drugs				Lacks Guilt		
Argues With Father Argues With Siblings				Alcohol Holds a Job				Talks Too Much Good Personal Hygiene		
Clings to Adults				Running Away From Home				Acts Without Thinking	+	
Easily Jealous				Poor Choice for Friends				Nervous Child	1	
Insightful				Dependable/Reliable	Э			Religious Activities		
School Activities				Cares for Animals				Highly Motivated		
What are your child	's strengths	and go	od poi	nts?						
Weaknesses?										
Comments:										

Revised 09/03