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|  | | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **YOUTH WITH ELEVATED NEEDS REFERRAL CHECKLIST** | | | | | | | | | | |
| **PLEASE USE THIS CHECKLIST WHEN MAKING A REQUEST FOR A YOUTH WITH ELEVATED NEEDS.** | | | | | | | | | | | | |
|  | Referring Worker: | | | | |  | | | | Referring County: | |  |
|  | Date of Request: | | | | |  | | | |  | | |
|  | Type of Placement: | | | | | | Level A  Level B  Screen for A or B | | | | | |
|  | Youth’s Name: | | | |  | | | | | | | |
|  | DCN: | |  | | | | | | |  | | |
|  | Date of Birth: | | |  | | | | | |  | | |
|  |  | | |  | | | | | |  | | |
| **ALWAYS INCLUDE**: | | | | | | | | | | | | |
|  | | Date of Staffing with Designated Facilitator: | | | | | | | | |  | |
|  | | (attach approval from Facilitator, e-mail, etc.) | | | | | | | | | | |
|  | | Approval from Supervisor: | | | | | |  | | | | |
|  | | (include something in writing, a signature on this form, e-mail, etc.) | | | | | | | | | | |
|  | | Approval from Circuit Manager: | | | | | | |  | | | |
|  | | (include something in writing, a signature on this form, e-mail, etc.) | | | | | | | | | | |
|  | A list of specifically identified and described emotional and/or behavior problems or a behavior checklist/inventory | | | | | | | | | | | |
|  | A **current** social history | | | | | | | | | | | |
|  | The youth’s permanency goals (CS-1, WSA, court order) | | | | | | | | | | | |
|  | Educational materials (including recent attendance record, report card, and current I.E.P., if applicable) | | | | | | | | | | | |
|  | Medical records, including the current medications and dosages | | | | | | | | | | | |
|  | Recent psychological evaluations with current GAF score (most recent should have been completed within the last year). A psychological evaluation may be requested if a current one is not available. | | | | | | | | | | | |
|  | Counseling reports | | | | | | | | | | | |
|  | Reports from prior placements (residential, youth with elevated needs homes) and placement history | | | | | | | | | | | |
|  | Any psychiatric hospital reports; | | | | | | | | | | | |
|  | CD-56 for current placement or prospective family and their current placements (if known). | | | | | | | | | | | |
|  | The referral form; and | | | | | | | | | | | |
|  | Any other relevant information | | | | | | | | | | | |
|  | Have you identified a placement resource for this youth  yes  no | | | | | | | | | | | |
|  | If so, who, where, **upon approval**, do you intend to place? | | | | | | | | | | | |
| **SEND ALL REFERRALS TO THE PROGRAM DESIGNEE. REMINDER: THESE PROGRAMS ARE NOT INTENDED TO BE USED FOR EMERGENCY REASONS.** | | | | | | | | | | | | |