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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’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.**  |