

## System of Care Referral Form- Polk and Warren County

### A. CHILD'S DEMOGRAPHIC INFORMATION

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_  
 (First, Middle, Last)

Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred method of contact: \_\_\_\_\_

Insurance Coverage  Hawk-I  No Insurance  Private Insurance

### B. CHILD'S CURRENT LIVING SITUATION: For adults the child is currently living with please provide in the following information.

Name of Adult 1	Relationship to Child	Phone	Email Address	Preferred Method of Contact
_____	_____	_____	_____	_____
Name of Adult 2	Relationship to Child	Phone	Email Address	Preferred Method of Contact
_____	_____	_____	_____	_____

### If child is not living with biological parent(s), please provide in the following information on biological parent(s).

Name of Adult	Relationship to Child	Street Address	City, State, and Zip	Phone
_____	_____	_____	_____	_____
Name of Adult	Relationship to Child	Street Address	City, State, and Zip	Phone
_____	_____	_____	_____	_____

### C. Current services being utilized

Name and type of provider	Agency	Phone Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

### D. Referral Information

Referred by: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Referral Agency: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

Current Diagnosis: \_\_\_\_\_

**Current Risk or impairment to daily functioning (aggression, self-harm, environmental/family risks, medical concerns – include settings in which behaviors occur, as well as frequency and intensity).**

Is family aware referral is being made?    Yes            No

What was their response?