



Referral Application – Residential Placement (PRTF)

Date: _____ Date Placement Needed: _____

Client Name: _____

Social Security Number: _____ Date of Birth: _____

Age: _____ Sex: _____ Weight: _____ Height: _____

County of Legal Custody: _____ Place of Birth: _____

Religious Affiliation: _____

Clinical Diagnosis:

Medical Diagnosis:

Medications (list all current medications, dosages, instructions):

Medical insurance: _____

Policy holder (Name, DOB, Policy Number): _____

Medicaid Number: _____

Secondary Insurance: _____

PRIMARY REFERRAL SOURCE INFORMATION

Referring Agency: COC DJJ DSS DMH DDSN

School District: _____

Case manager's name: _____ Telephone Number: _____

Address: _____

Legal Custodian: _____ Telephone Number: _____

Address: _____

Current Placement: _____

Number of previous placements: 0-3 4-6 7-10 more than 10

Please list each placement, dates from and to, and reason for discharge:

FAMILY INFORMATION

Mother's name: _____ Telephone: _____

Address: _____

Father's name: _____ Telephone: _____

Address: _____

Are the parents: Married Divorced Separated Deceased Other

Have parental rights been terminated: YES NO If YES, when: _____

SCHOOL INFORMATION

Last school enrolled: _____

District: _____

Grade: _____ Special Education: YES NO