



**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:

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Medical Diagnosis:

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

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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