YOUTH RESTORATION SERVICES

ADMISSION / REFERRAL INTAKE

Facility-created compliance template - current regulations and DHS instructions control.

Child name: _____ **Date of birth:** _____

Referral date: _____ **Proposed admission date:** _____

Sex: _____ **Race:** _____

Height: _____ **Weight:** _____

Hair color: _____ **Eye color:** _____

Identifying marks: _____ **Social Security No.:** _____

Referring / contracting agency: _____

Caseworker / probation officer / contact: _____

Legal status / custody status: _____

Reason placement is necessary: _____

Presenting needs / behaviors / risks

_____

_____

_____

_____

_____

_____

Known medical, behavioral health, educational, substance-use, aggression, sexual behavior, suicide/self-injury, elopement or other safety concerns

_____

_____

_____

_____

_____

_____

Services requested / placement goals

_____

_____

_____

_____

Referral documentation checklist

[ ] Referral packet complete [ ] Court / placement order received [ ] Medical info received

[ ] Education records received [ ] Funding / contract verified

Reviewed by: _____

Signature: _____

Date: _____

Regulatory basis: 55 Pa. Code §§ 3800.222, 3800.243