

Sierra Sage

TREATMENT CENTER

Placing Agency Referral Packet

Email to:

Ms. Florence Tuitasi

Admissions & Transitions Manager

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Please attach the following documents:

- The attached questionnaire COMPLETED
- Court Reports
- Recent Psychological or Psychiatric Evaluations
- Psychiatric Hospital Records (past 12 months)
- School Records
- Discharge Summaries from Previous Placements

Youth Profile

Name (first, middle, last): _____ DOB: _____

Place of Birth: _____ Nickname, AKA, Alias: _____ SSN: _____

Youth Home Address: _____
Address City State Zip

Health Insurance information: _____
(please also attach a copy of current insurance cards/documents)

Discharge Plan

What is the anticipated discharge plan? Where will she go, who will she live with, etc.

Legal Status

Who has Custody? _____
(agency, state, or county)

Legal Guardian: _____
(name and relationship – if not parent, MUST have copy of court order designating guardianship)

County of Financial Responsibility: _____
County State

Placing Agency

Juvenile Probation: _____ Human Services: _____ Other: _____

Placement Worker

Name: _____ Email: _____

Phone: _____ Address: _____ Fax: _____

Supervisor of Placement Worker

Name: _____ Phone: _____ Email: _____

Please list the youth's support persons for treatment plan collaboration, in addition to the placement worker:

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Medical Data

Alcohol/Drug History: No _____ Use _____ Abuse _____ Diagnosed Dependency _____

Current Med: _____ Dose: _____ Physician: _____

Current Med: _____ Dose: _____ Physician: _____

Current Med: _____ Dose: _____ Physician: _____

Current Med: _____ Dose: _____ Physician: _____

Current Med: _____ Dose: _____ Physician: _____

Medication Allergies: _____

Psychiatric Diagnosis: _____

Medical Needs: _____

Dental Needs: _____

Adaptive needs (hearing, vision): _____

Allergies: _____

Medical concerns: _____

Pregnancies: _____

Developmental Issues: _____

Other:

School

Last school attended: _____ District: _____ Grade: _____

Location of last school (city, state): _____

Last attended date: _____ Current IEP?: _____

Special Education Needs: _____

Behavioral Issues at School: _____

Grade Level: _____

Learning Ability:

Youth Needs Profile

Abilities and Strengths:

Relationships

Describe her relationships with peers:

Describe her relationships with adults:

Reason for Placement

Prior Services:

Current Placement	Dates of Placement	Reason for Change
Previous Placements	Dates of Placement	Reason for Change

Willingness of parent/guardian(s) to participate in treatment:

Behavioral and/or Mental Health, Victim Issues

- 1) Please describe ways the youth handles intense emotion (anger, grief, frustration):
- 2) Is child/youth currently seeing a counselor? Yes No
 What issues is he/she working on?
- 3) Has child/youth seen a counselor in the past? Yes No
- 4) Has child/youth been in a Mental Health hospital program? Yes No
 When:
 Where:
 Reason:
 Records Attached: Yes No
 When:
 Where:
 Reason:
 Records Attached: Yes No
 When:
 Where:
 Reason:
 Records Attached: Yes No
- 5) Does the youth hear voices or see things that other people don't? Yes No
 If yes, do the voices tell the child to harm him/her or others?
 Describe:
- 6) Has the youth ever struggled with an eating disorder? Yes No
- 7) Has the youth ever been a victim of abuse? Yes No
 Was it reported? Yes No
 If yes, describe:
- 8) Does the child/youth have a history of running away? Yes No
 Describe frequency:

 Describe triggers prior to running away:

Date last ran: _

- | | | |
|--|-----|----|
| 9) Is the child/youth sexually active? | Yes | No |
| 10) Does the child/youth have a history of sexually acting out?
Explain: | Yes | No |
| 11) Has the child/youth experienced a recent loss (i.e., death of family/friend)?
If yes, who? | Yes | No |
| 12) Has the youth ever been assaultive towards peers?
If yes, are there any known precursors that trigger her? | Yes | No |
| 13) Has the youth ever been assaultive towards adults?
If yes, are there any known precursors that trigger her? | Yes | No |
| 14) Does the youth engage in cutting or non-suicidal self-injury?
If yes, describe: | Yes | No |
| 15) Has youth ever had thoughts of ending her life or attempted suicide?
If yes, please describe frequency:
If yes, what plans do they have: | Yes | No |
| 16) Does the youth have thoughts of taking someone else's life?
If yes, explain: Who? When? How? | Yes | No |
| 17) Does the child/youth have a current involvement in a gang?
If yes, explain: | Yes | No |
| 18) Does the child/youth have a history of fire starting?
If yes, explain: | Yes | No |
| 19) Are there current family conflicts?
If yes, explain: | Yes | No |
| 20) What are the child/youth's feelings and/or attitude about placement at Sierra Sage? | | |