



**BAYS H.O.P.E Referral Form**

**I. Demographic Information**

Case Name/ FSFN ID:	
Name of youth:	
Youth DOB:	
Assigned CMO Agency:	
Assigned Case Manager and Contact Information:	
Mother's name (if different from case):	
Mother's address and phone # (if applicable):	
Father's name:	
Father's address and phone # (if applicable):	
Other contact person, relationship, address and phone #:	
Siblings residing in-home or out of home:	
Assigned Guardian Ad Litem:	
Assigned Attorney Ad Litem:	
Assigned Dependency Attorney:	
Judicial division:	
Assigned JPO (if applicable) and contact information:	
Primary language spoken:	
Does anyone in the family identify as vision or hearing impaired? If yes, who? What Auxiliary Aids are needed?	

**II. Dependency and Delinquency Involvement**

Date of Removal:	
Current Permanency Goal:	
Last dependency hearing date/time/type:	
Next dependency hearing date/time/type:	
Is there DJJ involvement? If "yes" then please list date of arrest, charges, and JJIS # (please attach DJJ face sheet if available):	
If applicable, date, time and type of last delinquency hearing:	
If applicable, date, time and type of next delinquency hearing:	
If applicable, terms of Walker Plan or Probation:	



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Are there options for expanded visitation or reunification? If “yes”, please explain the reason for the youth continuing in out of home care:	
If there is an option for reunification, has Child Support been initiated? If “no”, why?	
Is there a current court order for psychotropic medications? If not, is there a current 53-39?	

**III. CBHA Recommendations and Follow Up**

Date of most recent CBHA:	
Recommendations from most recent CBHA with follow up (include dates of referrals, provider referred to, purpose of referral and outcome):	

**IV. Summary of Child and Parent Mental Health and Behavioral Information**

Is child verified CSEC?	
CHILD- Summary of mental health diagnoses and date of last psychological/ psychiatric and diagnosis:	
CHILD- Summary of Baker Acts and frequency (Dates and number of episodes):	
CHILD- Summary of behavioral concerns preventing stability of placement:	
CHILD- Has the youth ever been witness to physical abuse, sexual abuse, domestic violence, fire starting, extreme trauma? If so, please describe:	
CHILD- Summary of substance abuse history & treatment (please include dates of treatment and summary of substance abuse concerns):	
CHILD- Summary of runaway episodes to include dates and length of each run:	
CHILD- Summary of services offered to youth if different from CBHA recommendations (include	



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dates of referrals, provider referred to, purpose of referral and outcome)	
PARENT(S)- Summary of mental health diagnoses and date of last psychological/ psychiatric and diagnosis:	
PARENT(S)- Summary of Baker Acts to include frequency:	
PARENT- Summary of substance Abuse History & Treatment	
PARENT(S)- Summary of Services Offered to parent (include dates of referrals, provider referred to, purpose of referral and outcome)	

**V. Current Placement, Placement History and Concerns**

Current placement type:	
Current placement name, address, phone # and date of placement:	
Number of placement moves/disruptions (please attach FSN placement history):	
Reason for prior placement disruptions (i.e. child ran, refusal, etc.):	
Summary of behavior issues associated with refusals:	
Current level of care screening (i.e. STFC Level 1 or 2; SIPP; APD, etc....)	
Date and time of next MDT, if known and applicable:	
Does the youth have a current Child Placing Agreement?	
Is there an identified relative or non-relative placement? If so, please identify the individual and reason why the placement has not been made. Please include detailed summary of Family Finding efforts:	
Is there a pending ICPC? If so, date initiated and current status:	



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Youth's current school and progress (please include any barriers or challenges):	
Does youth have a desire to enter into a vocational school or obtain a job?	

VI. **Summary of Reasons for Referral:** Please summarize the reasons why you believe the above child is appropriate for this program: