

OUT OF HOME REFERRAL PACKET

- COVER LETTER WITH IDENTIFYING INFORMATION
(INCLUDING WORKER'S NAME AND NUMBER)
- Out Of Home REFERRAL SUMMARY
- RECENT CLINICAL EVALUATIONS (PSYCHOLOGICAL with IQ AND/OR PSYCHIATRIC if on medication/recent hospitalizations) WITHIN 6 MONTHS (OR IF WITHIN ONE YEAR, UPDATED REPORT FROM THERAPIST)
- DISCHARGE SUMMARIES FROM PRIOR PLACEMENT
- SCHOOL REPORTS; CST/IEP IF CLASSIFIED
- REPORTS FROM CURRENT THERAPISTS
- SPECIALIZED EVALUATIONS IF APPROPRIATE (DRUG&ALCOHOL, FIREWATCH, SEX OFFENDER)
- If the youth is court involved: COPY OF CRIMINAL COMPLAINTS, PROBATION REPORTS, PDR (PRE-SENTENCING REPORT)

PRIOR TO PLACEMENT (OBTAIN WHILE PENDING PLACEMENT)

- ❧ BIRTH CERTIFICATE
- ❧ SOCIAL SECURITY CARD
- ❧ IMMUNIZATION RECORDS
- ❧ COPY OF MEDICATIONS, INCLUDING PRESCRIPTIONS
- ❧ DENTAL INFO
- ❧ PHYSICAL EXAM W/I 24 HOURS OF PLACEMENT
- ❧ EYE/HEARING EXAM
- ❧ SCHOOL TRANSFER CARD
- ❧ FOR RESIDENTIAL PLACEMENTS-FUNDING COMMITMENT FROM BOARD of EDUCATION

FOR DYFS ONLY:

COPY OF COURT ORDER SHOWING LEGAL AUTHORITY TO PLACE
FAMILY ASSESSMENT INCLUDING PERMANENCY PLAN