

**LINK-KID REFERRAL FORM**

Name:		Date of Birth:		Age:	
Gender: M <input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/>		Primary Language:		Legal Custody Status:	
Race/Ethnicity:		LGBTQ Yes <input type="checkbox"/> No <input type="checkbox"/>			
Address:					
City:		State:	Zip:		
Referral Source Name:			Referral Source Phone:		
Referral Source Relationship to youth:			Referral Source Email Address:		
Mother/Guardian Name:			Father/Guardian Name:		
Address: <input type="checkbox"/> Same <input type="checkbox"/> Other:			Address: <input type="checkbox"/> Same <input type="checkbox"/> Other:		
Telephone: <input type="checkbox"/> Same <input type="checkbox"/> Other:			Telephone: <input type="checkbox"/> Same <input type="checkbox"/> Other:		
Primary Language:			Primary Language:		
DCF Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Custody			Foster Parent Name:		
Social Worker Name:			Address: <input type="checkbox"/> Same <input type="checkbox"/> Other:		
E-mail Address:			Telephone: <input type="checkbox"/> Same <input type="checkbox"/> Other:		
Telephone: <input type="checkbox"/> Same <input type="checkbox"/> Other:			Primary Language:		
Email Address of Caregiver:					
Name of School:		Grade	IEP/504	Yes	No
<b>Developmental Delay/Intellectual Disability:</b>					
Primary Care Physician:				Telephone:	
Other Providers Involved:				Telephone:	
Current Living Situation:		<input type="checkbox"/> Home	<input type="checkbox"/> Relative	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Medical Hospital
		<input type="checkbox"/> Friends	<input type="checkbox"/> Homeless	<input type="checkbox"/> Group Care	<input type="checkbox"/> Psych Hospital
					<input type="checkbox"/> Jail/Lock Up
					<input type="checkbox"/> Detention
					<input type="checkbox"/> Shelter/Assessment
					<input type="checkbox"/> Unknown
Is the family involved with the military? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:					
Is the family involved with the court system? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe:					

<b>Primary Insurance Company:</b>	<b>Policy #:</b>
<b>Name &amp; DOB of Insurance Carrier:</b>	
<b>Secondary Insurance Company:</b>	<b>Policy #:</b>
EBT Referred For:	Clinic Based <input type="checkbox"/> In-Home Therapy <input type="checkbox"/>
Appointment Preference: (as availability allows)	Check one: Morning      Afternoon      Evening
Does family have access to transportation for treatment?    Yes <input type="checkbox"/> No	
Other possible barriers to treatment:	

**History of Trauma and Behaviors Related to the Trauma:**

**Trauma Screen: History (Check all that apply)**

- Sexual Abuse     Emotional/Psychological Abuse     Domestic Violence     Community Violence  
 Physical Abuse     Severe Accident or Illness     Parental Substance Abuse     Traumatic Grief  
 Neglect     War/Terrorism/Immigration     Natural Disaster     Parent Mental Illness  
 Frequent Moves     Parent history of trauma     Kidnapping     School Violence/Bullying  
 Homelessness     Parent Incarcerated     Parent Deployed  
 Systems-Induced Trauma (ie. Removal/multiple placements)     Victim of Commercial Sexual Exploitation (CSEC)  
 Separation from parent due to death, divorce, abandonment or other reason.  
 Other (please explain)

**Current Reactions/Behaviors/Functioning Related to the Trauma (Check all that apply)**

- Oppositional Behaviors     Depression     Self-Harm     Dissociation     Impulsivity  
 Attention/concentration     Conduct Problems     Sleep Difficulties     Anger Problems     Regression  
 Suicidal Ideations     Homicidal Ideations     Audio Hallucinations     Visual Hallucinations     Anxiety  
 Sexualized Behaviors     Animal Cruelty     Attachment/relationship  
 Somatization/Physical Complaints     Problems with Emotional Regulation     Other: \_\_\_\_\_

**Current Posttraumatic Stress Reactions Related to the Trauma (Check all that apply)**

- Re-experiencing (nightmares, flashbacks or intrusive thoughts)  
 Avoidance (not want to talk about the trauma, avoiding trauma reminders)  
 Numbing (lack of emotion, social withdrawal)  
 Hyperarousal (exaggerated startle response(s), hyper-vigilance, being "on edge")

**\*\* Please note, we are not able to process incomplete referrals\*\***