



POSITIVE ALTERNATIVES, INC.

Administration Office
603 Terrill Road, Menomonie, WI 54751
Phone: (715) 235-9552 • Fax: (715) 235-1075
www.positive-alternatives.org

Long Term Resident Referral Form:

This form is to be used when looking to admit a new long-term referral. The form is an outline of information to gather to determine the needs of the youth upon intake. This form is mandatory for all long-term referrals.

Please fill in information that is applicable (all sections may not pertain to certain youth)

1. Social Worker name and contact information:
 - a. Name- _____
 - b. Email- _____
 - c. Phone Number- _____
 - d. Fax Number- _____
 - e. County- _____
 - f. Payee- _____
2. Referral Basic Information:
 - a. Name- _____
 - b. Age & DOB- _____
 - c. Gender- _____
 - d. Social Security Number **OR** Medical Assistance Number: _____
3. Reason for Referral: _____
 - a. Court Order- _____
 - b. Adjudicated Delinquent? _____
 - c. Length of projected stay- _____
 - d. Where are they currently- _____
4. Have they been to any Positive Alternatives (PA) locations before?
 - a. Yes _____ No _____
 - b. Reason for leaving PA if above is yes- _____
5. Have you contacted another PA location for this referral?
 - a. Yes _____ No _____
 - b. Have you completed referral questions with them? Yes _____ No _____
 - c. Which location would you prefer if answer yes above? _____
 - d. Are there concerns with this youth being in a co-ed house? _____

**AMERY
GROUP HOME**
1370 60th Ave.
Amery, WI 54001
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Fax: (715) 268-7973

**MARATHON COUNTY
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Wausau, WI 54401
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**MENOMONIE
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**RIVER FALLS
GROUP HOME**
2860 Williams Ave.
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Phone: (715) 426-2224
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**WISCONSIN RAPIDS
GROUP HOME**
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Phone: (715) 712-1617
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6. Past Placements/Discharge Reason:

a. Obtain most recent documentation from that placement (behaviors, therapy, psychiatry, schooling) Attached? Yes _____ No _____

b. Request a list of dates and names of placements

i. _____

ii. _____

iii. _____

c. Have they been removed from any placement? Yes _____ No _____

Why? _____

7. Schooling:

a. Current IEP/Special Education? Yes _____ No _____

b. Credit standing/Current Grade- _____

c. Any school issues (behavior, truancy, social)- _____

d. Preferred option-

i. Mainstream? _____

ii. Alternative Program? _____

iii. Tutoring, if Day Treatment _____

8. Day Treatment:

a. Previous Day Treatment Services- _____

b. Would you like them enrolled- _____

9. Full/Half Days (Mikan/NW Journey/Horses Treat)? _____

10. Medical:

a. Any medical conditions to be aware of? _____

b. Physical restrictions/limitations? _____

c. Special Diet? _____

d. Any immediate treatment needed? _____

e. Would you like to keep current family doctor or transfer services? _____

11. Dental:

a. Any current dental needs or concerns? _____

b. Would you like to keep current family dentist or transfer services? _____

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12. Therapy:

- a. Do they have a current therapist? Yes _____ No _____
 - i. Would they like to continue with this therapist or transfer services? _____
- b. Type of Therapy?
 - i. Individual _____
 - ii. Family _____
 - iii. AODA _____
 - iv. DBT Group _____
 - v. Other _____
- c. Refusal to attend? _____

13. Psychiatry:

- a. Diagnosis- _____
- b. Current Medications- _____
- c. Refills needed- _____
- d. Keep current Psychiatrist or transfer services? _____
- e. Refusal to take medications? _____
- f. Any suicidal ideations/attempts?
 - i. Currently- _____
 - ii. Past- _____

14. AODA History:

- a. Alcohol- _____
- b. Substance Abuse- _____
- c. Cigarette Smoker- _____
- d. Will a UA be requested to be administered? Yes _____ No _____
 - i. Must be in Tx Plan, requested by SW and listed in Court Ordered Conditions

15. Physical, Verbal, Emotional Abuse/Aggressions reported or known to be done to the youth:

- a. History-
 - i. Type of abuse- _____
 - ii. Perpetrators relationship to youth- _____
 - iii. Do they have contact? Yes _____ No _____

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16. Physical, Verbal, Emotional Abuse/Aggressions the youth has done towards others:

- a. Any history?
 - i. Type of aggression- _____
 - ii. Type of abuse- _____
 - iii. Charges associated with reported abuse/aggressions- _____
 - iv. Removal from Placements due to abuse/aggressions? _____
- b. Request documentation
Obtained? Yes _____ No _____

17. Sexual behaviors/Perpetration:

- a. Any history? _____
- b. Request documentation
Obtained? Yes _____ No _____

18. Anyone they are not allowed contact with? _____

- a. Will need to be stipulated in court order
 - i. Mail Yes _____ No _____
 - ii. Phone Calls Yes _____ No _____
 - iii. Face to Face contact Yes _____ No _____
 - iv. Social Media Yes _____ No _____
 - v. Email Yes _____ No _____

19. Run Risk:

- a. Currently? Yes _____ No _____
- b. History of running? _____

20. After Hours Contact Information:

- a. Who is it- _____
- b. Phone number- _____

21. Treatment Plan Goals (minimum of 3 from each):

- a. From SW- _____
- b. From Parent/Guardian- _____
- c. From Youth- _____

22. Any upcoming scheduled appointments, court appearances or family events they will need to be present for? _____

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23. Guardian/Parent involvement: How involved will they be? (visits, attending appointments, frequent updates, positive or negative influence, etc)

24. Youth's strengths and interests/hobbies: _____

25. Youth's wants and needs: _____

26. Obtain triggers for Youth (what escalates them physically/verbally, makes them shut down, etc)

27. Prudent Parenting (Form A and B): **Form A** must be obtained prior to intake date or at intake. **Form B** must be obtained within the first 7 days of their placement. Decisions will be based off prudent parenting guidelines while they are placed with us.

28. Obtain CANS and Score (must have prior to acceptance or within 30 days of placement)

29. Parent signature forms and Court Order for placement must be obtained prior to arrival of the resident. Please ensure that the date on the Change of Placement court document matches the date of their intake in the group home.

30. Discharge Plan:

a. Projected discharge date-_____

b. Transition plan-_____

31. Any other additional Info provided:

**To be able to screen a long-term referral best, Positive Alternatives requests that the Dispositional, Permanency Plan, Discharge reports from last placement, CANS (if applicable), and Form A and B are sent along with this form. If some of the documentation is not available, please communicate that with the supervisors at Positive Alternatives. **

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