

SPECTRUM WILDERNESS PROGRAM

**AGENCY REFERRAL FORM**

**NOTE: This form is to be completed by the agency worker (or parent if this is a private referral) prior to the youth's interview and returned to Spectrum by mail or fax. If faxed, please mail original with other required forms.**

**PLEASE COMPLETE ALL INFORMATION REQUESTED.**

Preferred Course: # \_\_\_\_\_ Dates of Course: \_\_\_\_\_ Month \_\_\_\_\_

Youth's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

SS#: \_\_\_\_\_ Public aid: Case # \_\_\_\_\_ Medicaid # \_\_\_\_\_

Referring Agency [ ] DCFS [ ] UDIS [ ] PROBATION [ ] OTHER \_\_\_\_\_

Name of person to contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Referring Agency: \_\_\_\_\_ Emergency Number: (\_\_\_\_) \_\_\_\_\_

Address of Agency: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

**ADDITIONAL CONTACTS:**

<u>Name</u>	<u>Agency</u>	<u>Phone #</u>	<u>Emergency #</u>
Case Worker _____	_____	(____) _____	(____) _____
Probation officer _____	_____	(____) _____	(____) _____
Advocate/Counselor _____	_____	(____) _____	(____) _____
Other: _____	_____	(____) _____	(____) _____

**METHOD OF PAYMENT:**

- \_\_\_\_\_ UDIS – Agency must be under UDIS contract and youth must be referred to and participating in UDIS.
- \_\_\_\_\_ DCFS –Please supply DCFS # \_\_\_\_\_ Field # \_\_\_\_\_ Region # \_\_\_\_\_
- \_\_\_\_\_ LANs Wrap – Please fax or mail the signature page of the Wraparound Plan & provide Fiscal Agent info.
- \_\_\_\_\_ Probation, Parent, Private Agency or School – Payment Agreement and Payment must be received prior to the first day of course.

**HISTORY:**

Who is the youth currently living with and what type of placement is it?

Name	Relationship	Type of Placement
_____	_____	_____

How long has the youth lived there? \_\_\_\_\_ Is this living arrangement expected to be long term? Y N

Specify any psychological interventions:

<u>Date</u>	<u>Placement</u>	<u>Reason for Placement</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the youth currently on probation or Court Supervision? Y N If so what kind? \_\_\_\_\_

What is the length of Probation? \_\_\_\_\_ What is the ending date? \_\_\_\_\_

Legal offenses (Past and Present offenses)?

\_\_\_\_ Status Offenses \_\_\_\_ Run away \_\_\_\_ Disorderly Conduct \_\_\_\_ Drug /Alcohol

\_\_\_\_ Property (theft, burglary, vandalism) \_\_\_\_ Violent Crimes (Robbery, Assault, Battery, Rape, Etc.)

Please explain: \_\_\_\_\_

\_\_\_\_\_

Has the youth ever intentionally hurt someone? Y N Himself/herself? Y N

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the youth ever been neglected or abused? Y N Been sexually abused? Y N Been a sexual abuse perpetrator? Y N

If yes to any, to what extent and has he/she received counseling \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GOALS, CONSEQUENCES, RECOMMENDATIONS, SUGGESTIONS for supporting this youth!**

**Please attach any additional information that might be helpful in supporting this youth and understanding the issues they are working on.**

What are the goals that you think the youth needs to work on?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

What positive motivation/rewards might the youth achieve through doing well on this course (i.e. reduced probation, change of placement, etc.)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What consequences might the youth experience if he/she fails to complete the course or receives a poor evaluation (specific concrete consequences if applicable. i.e. DOC, change of placement, etc.)?

\_\_\_\_\_

\_\_\_\_\_

Please list any other pertinent information about the youth (legal, behavioral, familial, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_