

ELEANOR`S HOUSE REFERRAL PACKAGE

Please complete with the youth if possible and fax to Eleanor`s House 403-255-7081. The referral will be reviewed to determine appropriateness for the program. All youth must voluntarily choose to enter the program. Please contact the Program Coordinator if you have questions 403-650-0280.

Referral Information

Youth Name _____

Birth date _____

Ethnic Background _____

Spiritual/Cultural beliefs _____

Currently Lives _____

Length of time _____

Contact Number _____

Legal Guardian (if not CW) _____

Contact Number _____

Relationship _____

Youth has current Voluntary Services Agreement? Yes/No Expires _____

Is the youth aware of the referral? Yes No

Referred From

Date of Referral _____

Contact Name _____

Contact Number _____ Fax _____

Caseworker

Name _____

Status Agreement with youth _____

MST Office _____

Contact # _____ Fax _____

Primary reasons for referring youth to Eleanor's House: _____

Family

Involved Family Members

Name	Relationship	Phone #
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Name	Relationship	Phone #
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Name	Relationship	Phone #
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Name	Relationship	Phone #
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Relevant Family History

Is the Family willing or wanting to engage in supports? Yes No

What Supports is the Family willing or wanting to work with? _____

Risk Behaviors and Presenting Concerns

Drug Abuse **Yes** **No**

If Yes: Runner: Yes No User: Yes No Dealer: Yes No

Main drug of choice: _____

Route of Administration _____

Detoxed: Yes No

If Yes: Length of detox: _____

Where: _____

If No: why? _____

Alcohol Use **Yes** **No**

Is the youth willing to engage in Addiction supports? Yes No

If Yes; with whom? _____

Street Involvement

Explain _____

Gang Involvement

Explain _____

Other High Risk behavior

Explain _____

Sexual Exploitation

Survival Sex (youth was forced to exchange sexual services for food, shelter, drugs, etc)

Recruitment (youth is recruiting other girls/boys for sexual exploitation)

Spotting

Other History Of Abuse

Abusive Relationships (Specify; by whom? When? Emotional/Physical)

Sexual Assault/Abuse

Self Harm

Suicide Attempts

Explain _____

When was the last incident? _____

How many times? _____

Suicide Ideations

Explain _____

When was the last incident? _____

How many times? _____

Self Harm Behavior

Explain _____

When was the last incident? _____

How many times? _____

Eating Disorders

Explain (Bulimia, Anorexia, Compulsive Overeating) _____

Youth is willing to engage in support to address Trauma experienced

Yes No If Yes with whom? _____

Justice System

Circle all that are applicable:

Probation

CYOC

Alternative Measures

Current: charges, outstanding tickets, conditions & court dates

Probation Office _____ Name _____

Past charges or legal involvement

Day Program (min of 30hours a week of productive activity outside of the program during the day)

Last Program/School Attended: _____

When last Attended: _____

Last Grade Completed: _____

Other Programs Attended or Education Information: _____

What will be the youth's current day program? _____

Contact Name & Number _____

Most Recent Placements

1) Location & length of stay: _____

Reason left: _____

2) Location & length of stay: _____

Reason left: _____

3) Location & length of stay: _____

Reason left: _____

Health

Physical Health (medical concerns, allergies, has youth had recent STI testing)

Mental Health

Diagnosis: _____

Hospitalization Yes No If yes when _____

For what reasons _____

Medications (name and reason) _____

Has the youth ever been diagnosed or suspected of having the following?

Yes/No – PTSD

Yes/No – Aggressive Behavior

Yes/No – Depression

Yes/No – FASD

Yes/No – OCD

Yes/No – Anxiety Disorder

Yes/No – ODD

Yes/No – Psychiatric Disorder

Yes/No – ADHD

Yes/No – Mood Disorder

Yes/No – Other Brain Disorders

Yes/No – Personality Disorder

Assessment being pursued (Why or Why not)? _____

Program Information

What do you see Eleanor's House providing for this youth?

What supports are recommended for this youth to be successful?

What are the youth's resilient factors or strengths?

What are the youth's interests/hobbies/passions?

What are the youth's current motivation/goals for accessing Eleanor's House?

What might the youth be challenged by at Eleanor's House and how can we support them? _____

Other Professionals or Natural Supports Youth wants involved:

Name: _____ **Number** _____

Relationship _____

Name: _____ **Number** _____

Relationship _____

Name: _____ **Number** _____

Relationship _____

Name: _____ **Number** _____

Relationship _____

Please Attach Any Other Relevant Information and/or Assessments

_____ PSH Assessment

_____ Copy of current VSA

_____ Info Con/Case Summary

_____ Probation Order

_____ Psych Assessment

_____ Education Assessment

The Program Coordinator will contact you once the referral has been received to discuss setting up a meeting with the youth referred.