



Youth Crisis Center, Inc. Crisis Shelter Referral

The YCC crisis shelter provides short-term care for children 0-17 years of age who are unable to return home due to immediate crisis or safety concern. All referrals outside of Natrona or Converse counties require a completed referral form; referrals within these counties may require a completed referral form at the request of YCC staff.

Youth: _____ County of residence: _____ Date of Referral: _____

DOB: _____ Gender: M F Medicaid: Y N Medicaid #: _____

DFS Worker: _____ Phone #: _____ Email: _____

DFS custody? Y N Where is the youth currently residing? _____

If out of home, what is the reason youth is out of home? _____

Guardian Name: _____ Phone #: _____ Employer: _____

Home Address: _____

Guardian Name: _____ Phone #: _____ Employer: _____

Home Address: _____

School: _____ Grade: _____ Online option available: Y N

Youth is currently: Suspended Expelled Reason: _____

Other educational needs: _____

Purpose for crisis shelter Referral (what do you hope the youth accomplishes/receives):

Plan for exit from shelter: Return home Kinship Care Foster Care Other: _____

Explain plan (timeline, needs, etc.): _____

Current Mental Health Diagnoses: _____

Is youth receiving counseling/therapy? Y N Provider: _____

Are telehealth services available through this provider? Y N

Is youth receiving Wraparound Services? Y N Provider: _____

Is youth currently on probation? Y N Reason for probation: _____

Current legal charges: _____

Behavior Concerns: _____

Has the youth completed a psychiatric evaluation in the past 12 months? Y N

Purpose of the evaluation: _____

Does youth have history of...

Sexual abuse: Victim Offender Explain: _____

Physical abuse/assault: Victim Offender Explain: _____

Suicide attempts? Y N Explain: _____

Self-harm? Y N Explain: _____

Drug or alcohol use? Y N Explain: _____

Is this youth a "run risk", meaning they have a history of running or may run from the agency? Y N

Note: YCC is not a "locked-down" facility. To better support the mental and physical health needs of all youth at YCC, youth who are designated as a "run risk" will receive strategies for coping until they are able to meet with a case manager to create an individualized safety plan. These youth will be allowed to go outside during our regularly scheduled outdoor time.

List all medications and purpose of each medication:

Current health concerns: _____

Allergies: _____

Scheduled appointments (list any and all appointments the child may need to attend during their stay):

Additional information that may be helpful in determination for placement:

The following documents will support this referral; please include any that apply:

- Copy of psychiatric evaluation(s)
- Copy of Medicaid/Title XIX card
- Release of information for current placement or pertinent providers

It may take up to a week to receive a response on the status of this application. Please be patient with our team as we determine the best way to assist the youth and family.

The referring individual/agency will be contacted upon acceptance into the crisis shelter. A guardian must be present at the time of intake to complete paperwork. Following entry, the youth and family will work with the YCC Crisis Shelter Case Management team to make appropriate plans for depart.

For more information related to the shelter and requirements for stay, please refer to the Crisis Shelter Parent Handout, located on the YCC website: <https://www.casperycc.org>

Admission Criteria: Youth Crisis Center has the right to choose who will be served within the shelter; this decision is based on multiple factors, including youth needs and programs' ability to meet those needs. YCC does not discriminate against any person on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, or religion. The crisis shelter offers short-term care for children ages 0-17 years. Each referral is reviewed on an individual basis.

Upon acceptance, DFS/Guardian must inform YCC staff if there are specific people the youth may NOT have contact with and any need for supervised visitation. Youth may only be in contact with those on their contact list.

Email completed referrals to:

youthcrisiscenter@casperycc.org
Attn: Crisis Shelter Case Management

Fax completed referrals to:

307-577-5716
Attn: Crisis Shelter Case Management