



Youth Crisis Center, Inc. Group Home Referral

All youth must have a referral packet completed prior to being considered for acceptance into the Youth Crisis Center Group Home (YCCGH). Upon completion, youth may be placed on a waitlist until it can be determined if the youth is an appropriate fit and space is available in the program. Once a youth has been accepted, YCC will hold that space for no more than one week unless prior arrangements have been made for a later entry.

Youth: _____ County of residence: _____ Date of referral: _____

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

DFS Worker: _____ Phone #: _____ Email: _____

Father: _____ Phone #: _____ Employer: _____

Home Address: _____

Mother: _____ Phone #: _____ Employer: _____

Home Address: _____

Guardian/Other: _____ Phone #: _____ Employer: _____

Home Address: _____

Who has custodial rights/guardianship? _____

Where is the youth currently residing? _____

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

Purpose for Group Home referral (what you hope the youth accomplishes/achieves):

When is placement being requested or planned to begin? _____

Placement Type: CHINS Probation Child Protection Parent Placement Other: _____

What is the youth on probation for? _____

Current legal charges (regardless of conviction): _____

Court-ordered community service or fines? Y N End date of probation: _____

Permanency Plan: Family Reunification Independent Living Other: _____

Explain plan: _____

Current Mental Health Diagnoses: _____

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

Is youth receiving Wraparound services? Y N Provider: _____

Behavior concerns: _____

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: _____

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

Purpose of the evaluation: _____

History of out-of-home placement (include psychiatric treatment and judiciary placement):

Location:	Dates:	Completed Successfully?
		Y N
		Y N
		Y N
		Y N

School: _____ Grade: _____ IEP: Y N 504 Plan: Y N

Youth is currently: Enrolled Needs enrolled Needs to change schools Suspended Expelled

Reason for suspension/expulsion: _____ Date to return: _____

Other educational needs: _____

List all medications and purpose of each medication:

Date of most recent well child check: _____ Provider: _____

Date of most recent dental exam: _____ Provider: _____

Date of most recent eye exam: _____ Provider: _____

Current health concerns: _____

Allergies: _____

Is the youth aware that they are being considered for placement? Y N

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 XIV card
- Release of Information for current placement, therapist, psychiatrist, or pertinent providers

The following documents will be required at the time of intake; please prepare these items for entry (you may submit these earlier to be included with your referral):

- Copy of Social Security card
- Any court order pertaining to custody of youth
- Copy of birth certificate
- Any court order pertaining to delinquency of youth
- DFS Case Plan

It may take up to two weeks 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 program. The youth and family will then work with the YCC Group Home Case Management team to complete the intake process. Please note:

- Upon acceptance into the group home program, youth will be required to participate in individual and family counseling. YCC has clinical staff available to provide these services or families may select providers within the community. It is essential for the YCCGH team to be able to maintain contact with any clinical providers for successful completion of the program.
- Youth and families will complete a six-week start-up process to include six weekly meetings with the YCCGH Case Management team in order to complete required paperwork and assessments.
- Following this start-up, families will communicate weekly with the case management team. Monthly meetings will be held to discuss youth progress and update case plan/goals.

The YCCGH Case Management team will provide aftercare services for a minimum of one year following exit from the program (regardless of successful completion or transition to another facility). These aftercare services will include Wraparound services and weekly/monthly check-ins for needs/services.

For more information related to the program and requirements, please refer to the YCCGH Youth & Family Handbook, 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 program; this decision is based on multiple factors, including youth needs and program's 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 YCCGH offers long-term care for children ages 10-17 years who are unable to return home at the present time. Youth accepted into the program must be recipients of Medicaid. 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.

Email completed referrals to:

youthcrisiscenter@casperycc.org
Attn: Group Home Case Management

Fax completed referrals to:

307-577-5716
Attn: Group Home Case Management