|  |  |  |  |
| --- | --- | --- | --- |
| Name of Youth: |       | D.O.B.:  |       |
| PRT Referral submitted by: |       |  |       |
|  | *(Name)* |  | *(Division)* |
| Date of Referral:  |       | Date of Next Court Date (if applicable): |       |
| Involved Divisions: | [ ]  DFS | Case Manager/Supervisor:  |       |
|  | [ ]  DPBHS | Team Leader/Regional Supervisor:  |       |
|  | [ ]  DYRS | Case Manager/Supervisor:  |       |
| Legal Custodian: |       |  | Permanency Goal: |       |
| Other Team Members (CASA, GAL, Therapist…): |       |
| Youth’s Legal Status:       |
| Youth’s Pending Legal Charges:       |
| Youth’s history of Adjudicated Charges:       |
| Youth’s current Location:  |       | Anticipated Date of Discharge:  |       |
| Youth’s Educational Status (If Special Education, include educational classification): |
| Presenting Issue(s):  |
|       |
| Youth/Family Strengths:  |
|       |
| **Recommended type/level of service:**  |       |
| Viewpoints of service needs and recommended treatment (if different from above): |
| DFS:  |       |
| DPBHS:  |       |
| DYRS:  |       |
| Please check which of the following have occurred:  [ ]  DSCYF Team/Service Planning Meeting Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Plan/Summary Note Attached [ ]  Family Planning Meeting Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Plan/Summary Note Attached  [ ]  Family Search and Engagement Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Summary Note Attached [ ]  TDM Meeting Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Plan/Summary Note Attached**\*Please attach residential and community based service history, service plan(s), most recent assessments, and other applicable documentation (e.g. court orders, etc.).**  |
| Division Signatures for Active Divisions (e-mail endorsement can be substituted for signature):

|  |  |  |  |
| --- | --- | --- | --- |
| Division | Title | Signature | Date |
| DFS | Assistant or Regional Administrator |       |       |
| DPBHS | Regional Supervisor for Team Leader |       |       |
| DYRS | Regional Manager |       |       |

**Fax or e-mail to PRT Division Representative (Foster Care Program Manager /DFS, Chief of Community Services/DYRS,** **PBHS PRT Representative)** |
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