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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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)** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |