



## Deschutes County Resource Connection Referral Form

<b>Instructions</b>			
Complete all sections below. You may be contacted by <b>Resource Connection</b> for further information. <b>Forward to Mary Fleischmann</b> <b>Phone: 541-536-5002   Email: maryf@deschutes.org   Fax: 541-383-0165</b>			
<b>Agency and Youth Information</b>			
<b>Date:</b>	<b>Referring Agency AND Name:</b>		<b>Contact #:</b>
<b>Youth Name:</b>		<b>DOB:</b>	<b>Gender:</b>
<b>Race/Ethnicity:</b>			
Parent/Guardian notified of referral <input type="checkbox"/>			
<b>Reasons for Referral (Check all that apply)</b>			
<b>School:</b>	<input type="checkbox"/> Current academic failure	<input type="checkbox"/> Chronic truancy	<input type="checkbox"/> Learning disability
	<input type="checkbox"/> Suspend/expelled in last <u>six</u> months		
<b>Peer:</b>	<input type="checkbox"/> Friends suspended/expelled/dropped out		
	<input type="checkbox"/> Friends w/ problem alcohol/drug use		
	<input type="checkbox"/> Friends engage in unlawful / seriously acting out behavior		
<b>Behavior:</b>	<input type="checkbox"/> Impulsivity resulting in harm to self/property/people/animals (circle all that apply)		
	<input type="checkbox"/> Aggressive/disruptive behavior at school	<input type="checkbox"/> Runaway recently	<input type="checkbox"/> More than 3 x
<b>Family:</b>	<input type="checkbox"/> Family criminal history		
	<input type="checkbox"/> Poor supervision/control		
	<input type="checkbox"/> Serious family conflict		
	<input type="checkbox"/> History of reported child abuse, neglect or domestic violence		
<b>Alcohol/Drug:</b>	<input type="checkbox"/> Regular use causing problems @ school, home		
	<input type="checkbox"/> Use began 13 or less		
	<input type="checkbox"/> Been drunk or high at school		
<b>Attitude/Beliefs:</b> <input type="checkbox"/> Accepts, or believes delinquent behavior, drug use and/or violence are acceptable			
<b>Current or previous services provided to the youth/family:</b>			
Are there particular services you feel the youth / family would benefit from?			
<b>Family Information</b>			
<b>Primary Caregiver Name:</b>		<b>Contact #/s:</b>	
<b>Address:</b>			
<b>Resource Connection Program Coordinator to complete:</b>			
<b>Total Risk Factors</b>		<b>Priority Risk Domains:</b>	
<b>Action:</b> <input type="checkbox"/> <b>5+or equivalent risk factors: Contact youth/family for further screening</b> <input type="checkbox"/> Screening completed _____(Date) Score: _____ <input type="checkbox"/> Provided resource list <input type="checkbox"/> Referred family to: _____ <input type="checkbox"/> <b>Less than five or equivalent risk factors: Provided resource list: _____(Date)</b>  <input type="checkbox"/> <b>Entered into tracking database _____(Date) ID # _____</b>			

THIS IS A CONFIDENTIAL DOCUMENT. PLEASE TAKE APPROPRIATE PRECAUTIONS.