

# Sierra Sage Treatment Center

## **Parent Referral Packet**

### **Email to:**

Paul Dudley, Admissions and Assessments

Phone: 818-879-3231

Email: [Paul.Dudley@rop.com](mailto:Paul.Dudley@rop.com)

Attach the following documents if available:

- The attached questionnaire completed
- Court Reports
- Recent Psychological or Psychiatric Evaluations
- Psychiatric Hospital Records (past 12 months)
- School Records
- Discharge Summaries from Previous Placements

# Sierra Sage Treatment Center

## Youth Profile

Name (*first, middle, last*): \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nickname, AKA, Alias: \_\_\_\_\_ SSN: \_\_\_\_\_

Youth Home Address: \_\_\_\_\_  
Address City State Zip

Health Insurance information: \_\_\_\_\_

*(please also attach a copy of current insurance cards/documents)*

## Discharge Plan

What is the anticipated discharge plan? Where will she go, who will she live with, etc...

\_\_\_\_\_  
\_\_\_\_\_

**Legal Status:** Who has Custody: \_\_\_\_\_

*(agency, state or county)*

Legal Guardian: \_\_\_\_\_

*(name and relationship) – if not parent, MUST have copy of court order designating guardianship*

County of Financial Responsibility: \_\_\_\_\_

County

State

**Placing Agency:** Juvenile Probation \_\_\_\_\_ Human Services \_\_\_\_\_ Other \_\_\_\_\_

## AAP Social Worker (If applicable)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Social Worker or Probation Officer (If applicable)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please list the youth's support persons for treatment plan collaboration, in addition to the placement worker:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Medical Data**

Alcohol/Drug History: No \_\_\_\_\_ Use \_\_\_\_\_ Abuse \_\_\_\_\_ Diagnosed Dependency \_\_\_\_\_

Current Meds, Dose, Physician

_____	Allergies: _____
_____	Psychiatric Diagnosis: _____
_____	_____
_____	Medical Needs: _____
_____	_____
_____	Dental Needs: _____

Adaptive needs (hearing, vision):

Allergies:

Medical concerns:

Pregnancies:

Developmental Issues:

Other:

**School**

Last school attended: \_\_\_\_\_ District: \_\_\_\_\_ Grade: \_\_\_\_\_  
Location of last school (city, state) \_\_\_\_\_  
Last attended date: \_\_\_\_\_ Current IEP?: \_\_\_\_\_  
Special Education Needs: \_\_\_\_\_  
Behavioral Issues at School: \_\_\_\_\_

Grade Level:

Learning Ability:

# Youth Needs Profile

**Abilities and Strengths:**

## ***Relationships***

Describe her relationships with peers:

Describe her relationships with adults:

**Reason for Placement:**

## ***Prior Services***

<b>Current Placement:</b>	<b>Dates of Placement:</b>	<b>Reason for Change:</b>
<b>Previous Placements</b>	<b>Dates of Placement:</b>	<b>Reason for Change:</b>

Willingness of parent/guardian(s) to participate in treatment:

***Behavioral and/or Mental Health, Victim Issues***

1) Please describe ways the youth handles intense emotion (anger, grief, frustration):

2) Is child/youth currently seeing a counselor? Yes No

What issues is he/she working on?

3) Has child/youth seen a counselor in the past? Yes No

If yes, what kinds of issues were addressed?

4) Has child/youth been in a Mental Health hospital program? Yes No

When: \_\_\_\_\_

Where: \_\_\_\_\_

Reason: \_\_\_\_\_

Records Attached: \_\_Yes \_\_No

When: \_\_\_\_\_

Where: \_\_\_\_\_

Reason: \_\_\_\_\_

Records Attached: \_\_Yes \_\_No

When: \_\_\_\_\_

Where: \_\_\_\_\_

Reason: \_\_\_\_\_

Records Attached: \_\_Yes \_\_No

5) Does the youth hear voices or see things that other people don't? \_\_Yes \_\_No

If yes, do the voices tell the child to harm him/her or others? \_\_Yes \_\_No

Describe:

6) Has the youth ever struggled with an eating disorder? No Yes

7) Has the youth ever been a victim of abuse? No Yes

Was it reported? No Yes

If yes, describe:

8) Does the child/youth have a history of running away? No Yes

Describe frequency:

Describe triggers prior to running away:

Date last ran:

9) Is the child/youth sexually active? No Yes

10) Does the child/youth have a history of sexually acting out? No Yes

Explain:

11) Has the child/youth experienced a recent loss (i.e. death of family/friend)? No Yes

If yes, who?

12) Has the youth ever been assaultive towards peers? No Yes

If yes, are there any known precursors that trigger her?

13) Has the youth ever been assaultive towards adults? No Yes

If yes, are there any known precursors that trigger her?

14) Does the youth engage in cutting or non-suicidal self-injury? No Yes

If yes, describe:

14) Has youth ever had thoughts of ending her life or attempted suicide? No Yes

If yes, please describe frequency:

If yes, what plans do they have:

15) Does the youth have thoughts of taking someone else's life? No Yes

If yes, explain:

Who? When? How?

16) Does the child/youth have a current involvement in a gang? No Yes

If yes, explain:

17) Does the child/youth have a history of fire starting?

No Yes If yes, explain:

18) Are there current family conflicts?

No Yes

If yes, explain:

19) What are the child/youth's feelings and/or attitude about placement at Sierra Sage?