Catholic Social Services

Teen Homes
Charlie Elder House & McAuley Manor

Referral Form

Date: **Time:** **Staff:**

Person Calling: **Phone:** **Fax :**

Relationship to youth: **Agency if applicable:**

Name of Youth: **Age:** **DOB** MM /CEH

Fast checklist (must answer" no) to remain eligible for Teen Homes);

Is youth currently using drugs or alcohol? **Is youth pregnant?**

Is youth an adjudicated sex offender?

Does youth need immediate, emergency placement?

Does youth have serious development disabilities, mental retardation or serious health concerns?

If no to checklist, then:

Current living situation: **Any other options?**

Where is Mother? **Father?** **Other relatives?**

Who has legal custody?

Why seeking placement?

Current school? **Grade level?** **Recent suspension / Truancy?**

History of running away? **If yes explain:**

Any previous treatment program or hospitalization or counseling?
If yes where when /where?

Taking medication? **If yes, what?**

Criminal History: **If yes, explains**

History of aggression: **if yes explain**:

Notes: Application faxed on : **by**: **followed up by** :