

**Referral/Placement Form**

Fax: 218-828-3935 or

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**Program:** ☐ Foster Care – Level 1 ☐ Foster Care – Level 2 ☐ STFC ☐ Whole Family ☐ Adoption**Date of Referral:****Taken by:****Name:****DOB:****Age:****Gender:****Race:****Tribal Affiliation:****Registered:** ☐ Yes ☐ No ☐ Unknown**SW / PO:****County:****Phone:****Email:****Custody:****Geographic Preference:**

If preferred geography cannot be met, can referral be made:

☐ Statewide ☐ Central ☐ Metro ☐ Northeast ☐ Northwest ☐ Southern**Foster Family Composition:****No Younger Children**☐ Required☐ Does Not Matter**2-Parent Home**☐ Required☐ Does Not Matter**At-Home Parent**☐ Required☐ Does Not Matter**Placement Authorization:** *(Need Document)* ☐ CHIPS ☐ Delinquency ☐ TPR ☐ Voluntary**Reason for Out-of-Home Placement/Presenting Factors:****Current Residence:****Previous Placements:****Family Circumstances:****DSM Diagnosis:**☐ ADD☐ Bi-Polar☐ ODD☐ ADHD☐ Conduct Disorder☐ PTSD☐ Anxiety☐ Depression☐ RAD☐ Adjustment Disorder☐ Other:**History of Abuse:** ☐ None ☐ Physical ☐ Sexual ☐ Emotional ☐ Psychological**By Whom:****Client's Age at Time of Abuse:****History of Chemical Abuse or Treatment:****History of Physical or Sexual Aggression:**☐ Victim☐ Perpetrator**History of Self Abusive Behavior:**

**Behavior Concerns:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Animal Cruelty      | <input type="checkbox"/> Encopresis          | <input type="checkbox"/> Sexually Active  |
| <input type="checkbox"/> Depressed/Withdrawn | <input type="checkbox"/> Enuresis            | <input type="checkbox"/> Smoking          |
| <input type="checkbox"/> Destructive         | <input type="checkbox"/> Fire Setting        | <input type="checkbox"/> Stealing         |
| <input type="checkbox"/> DD                  | <input type="checkbox"/> Impulsive/Explosive | <input type="checkbox"/> Suicidal         |
| <input type="checkbox"/> Dishonesty          | <input type="checkbox"/> Running             | <input type="checkbox"/> Toileting Issues |
| <input type="checkbox"/> Eating Issues       | <input type="checkbox"/> Self-Harm           |   |

**Supervision Requirements:**

- ☐ Eyes-on    ☐ Developmentally Age Appropriate    ☐ Other:

**Medical Concerns:****Allergies:****Medication(s) & Purpose(s):****Current Therapy Plan:****Anticipated Therapy Plan:****Strengths:** *(extra curricular, home, personal, school)***Current or Last School:****Grade:****School Location:****IQ:****Special Education Program:****Behavior/Ability:****Anticipated Length of Placement:****Family Involvement/Visitation:****Placement Needed By:**

**Permanency Plan:** ☐ Adoption    ☐ Kinship Care    ☐ Long-Term Foster Care    ☐ Reunification

**Closing Reason:**

- |  |                                    |   |  |
|--|------------------------------------|---|--|
| <input type="checkbox"/> Concurrent                                | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Unresponsive             | <input type="checkbox"/> Placed elsewhere                        |
| <input type="checkbox"/> Geographic                                | <input type="checkbox"/> Financial | <input type="checkbox"/> Cultural                 | <input type="checkbox"/> No ICWA homes available                 |
| <input type="checkbox"/> Gender                                    | <input type="checkbox"/> Age       | <input type="checkbox"/> Medically fragile        | <input type="checkbox"/> No sex offender homes available         |
| <input type="checkbox"/> Higher level of care needed               |                                    | <input type="checkbox"/> Severe aggression        | <input type="checkbox"/> Sibling set needs to remain together    |
| <input type="checkbox"/> Vulnerable children in home               |                                    | <input type="checkbox"/> Actively homicidal       | <input type="checkbox"/> Actively suicidal/severe self-injurious |
| <input type="checkbox"/> Current gang involvement                  |                                    | <input type="checkbox"/> Respite only             | <input type="checkbox"/> Community resources not available       |
| <input type="checkbox"/> Active sex trafficking                    |                                    | <input type="checkbox"/> No open beds             | <input type="checkbox"/> Toileting issues/feces smearing         |
| <input type="checkbox"/> Developmental/cognitive delays too severe |                                    |   | <input type="checkbox"/> Substance use/distribution too severe   |
| <input type="checkbox"/> Untreated sex offender                    |                                    | <input type="checkbox"/> Active fire setting risk |  |