Nexus-Kindred FAMILY HEALING

Referral / Placement Form - send to NKD-referral@nexusfamilyhealing.org

Program: ☐ Foster Care ☐ Short Term Foster Care ☐ Whole Family ☐ Adoption

Date of Referral: _____ **Taken by**: _____

Name: _____ **DOB**: _____ **Age**: _____ **Gender**: _____

Race:

☐ American Indian/Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian/Pacific Islander
☐ White
☐ Two or More Races
☐ Unknown
☐ Other:

Ethnicity: ☐ Hispanic ☐ Not Hispanic ☐ Unknown

Tribal Affiliation: _____ **Registered:** ☐ Yes ☐ No ☐ Unknown

SW / PO: _____ **County**: _____

Phone: _____ **Email**: _____

Custody: _____

Strengths: *(extra curricular, home, personal, school)*

Interests:

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:

☐ Animal Cruelty	☐ Encopresis	☐ Sexually Active
☐ Depressed/Withdrawn	☐ Enuresis	☐ Smoking
☐ Destructive	☐ Fire Setting	☐ Stealing
☐ DD	☐ Impulsive/Explosive	☐ Suicidal
☐ Dishonesty	☐ Running	☐ Toileting Issues
☐ Eating Issues	☐ Self-Harm	

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

Medical Concerns:

Allergies:

Medication(s) & Purpose(s):

Current Therapy Plan:

Anticipated Therapy Plan:

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

Other Useful Information