

Please send referrals to:

Intake Coordinator – Kerry Buckman

Collier House
386 Maple Place
Keyport, NJ 07735

Phone: 732-264-3222-direct line**

Fax: 732-264-3277

Collier House
REFERRAL FORM

Client's name: _____ D.O.B. _____ Date of referral _____

S.S. #: _____ Referral Source: _____ DYFS/ KC #: _____

Contact Person: _____ Telephone: _____ Ext: _____

*The appropriate candidate for the Collier House should be between the ages of 18-21, homeless or aging out of the child welfare system, and possess the following attributes: (1)Desires to reach potential and attain productive self-sufficiency; (2) Expresses an interest in developing life skills needed to facilitate independent living; (3)Demonstrates respect for self, others and property; (4)Expresses an interest in pursuing and/or maintaining viable employment, educational or vocational pursuits.

A. Current Living Status:

Resource Family

Group Home

Shelter

Other (explain) _____

Name of Facility/Group Home/Shelter/Foster Home: _____

Present Address: _____

Home Telephone: _____ Work Telephone: _____

**For youth currently residing in residential or treatment home settings, we request you include their most recent treatment plan, psychological evaluation, and discharge summary.*

B Please discuss the applicant's strengths, which indicate the ability to function independently with supportive services:

C. Please discuss any challenges the applicant may have which impedes his/her ability to function independently: (i.e. not taking prescribed psychiatric medications, current substance abuse, cognitive impairments, criminal conviction in past 5 years, behavioral problems, present a danger to themselves or others, fire-setter):

D. List All Family Members and Significant Others

<u>Name</u>	<u>Address</u>	<u>Telephone#</u>	<u>Age</u>	<u>Relationship to Client</u>
-------------	----------------	-------------------	------------	-------------------------------

E. Placement History: (Include present placement)

<u>Placement</u>	<u>Contact Person</u>	<u>Dates</u>
------------------	-----------------------	--------------

F. School Information:

School: _____ Most Recent grade completed: _____

Classification (please specify e.g. MH, ED,...) _____

CST Evaluation: Yes No

G. Youth Income:

(1) Under \$5000 (2) \$5,000- \$9,999 (3) \$10,000- \$14,999

(4) \$15,000- \$24,999 (5) \$25,000- \$34,999 (6) \$35,000 or more

(7) SSI applied for? Yes No

(8) Receiving public assistance? Yes No

H. Is youth eligible for any of the following public assistance programs? If yes- please check box:

GA/TANF Food Stamps SSI or SSD New Jersey Family Care WIC

1. Is youth currently receiving Medicaid? If yes, is it provided by the Division of Youth and Family Services, MEYA (Medicaid Extension for Young Adults) or social services? _____

2. Has this permanent housing program (with mandatory supportive services component) been discussed with potential resident? Yes No

3. Is the potential resident motivated to participate?

Additional Information Concerning Present Situation: _____

Medical History of the Resident: (please indicate whether information is gathered by the Caseworker, Resident, Physician or School Records)

Chronic

Conditoins: _____
_____ **Past Serious**

Illnesses: _____

Allergies:

Medications that they take including vitamins: _____

Immunizations:

Special Medical Diet:

**** Indicate None if None**

Work History:

Places of employment, dates and reason for leaving:

Has the applicant ever been fired? If yes, please explain circumstances:

Referral Agency's Assessment of Potential for Physical Violence Toward Others
(including peers as well as staff)_____

Name of person completing this form:_____

***** After review of this form, a decision will be made if youth is eligible. If they are, youth will be contacted to come in for an interview. If youth is accepted, they will need to have a physical, hearing and vision screens prior to move-in.

To be completed by Collier House Staff:

Screener's Disposition: _____ Date: _____

(Screener's Signature)