



# Residential Youth Services

1405 Wellington Avenue, Grand Junction, CO 81501 (970) 245-3952

YOUTH NAME:	
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Placing Agency Representative,

Thank you for considering placing your adolescent at Hilltop Residential Youth Services where we promote the strengths and abilities of youth and families by providing education, treatment, and recreational opportunities that empower and enrich all individuals to face life's challenges with confidence and competence. Our staff look forward to serving as G.U.I.D.E.'s, to your youth and will work to accompany them on their individual journey by living and teaching our values of: Genuine Relationships, Understanding, Integrity, Diversity, and Empowerment.

In order for your youth to be considered for placement at Hilltop RYS, we ask that you fill out the RYS Information Packet, to the best of your ability and as completely as possible. We also ask that you send the following documents, along with the packet back to RYS for review and consideration.

- >Original D&N and Shelter Summary
- >Trails System Report Client Placement History
- >FSP Part 2 Social History
- > FSP Part 3 Trails Family Services Plan
- >Child Adoption Study (if applicable)
- > JV and JD Trails Court Reports for the last 6 months (if applicable)
- >SB94, Diversion or Probation Records and corresponding Police Reports
- > Educational Records (any available) and IEP (if applicable)
- > Medical Records/Medication Information
- > Discharge Summaries (from any other placements)
- >Mental Health Records/Clinical Assessments/ (any available)
- >Crisis Assessments
- >Mental Health Hospital Summaries
- >Psychiatric Provider notes/documentation

If and when we are ready to move forward with placement of your youth, we will ask that you complete an admission packet and provide the following documents:

- > Court Order stating DHS has Custody
- > Birth Certificate Copy
- > Social Security Card Copy
- >SS23B

Thank you for your time and effort in completing this for the youth being referred. We look forward to working with you, your agency and your youth.

*Ashley R. Elliott*

Assistant Director of Admissions/Clinical Services  
Hilltop Residential Youth Services  
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## RYS Information Packet

### Identifying Information:

Youth Full Name:		Admit Date:		Admit Time:	
Placement Agency (circle one):		MEDICAID	DHS	DYS	OTHER
DOB:		City of Birth:		State of Birth:	
Age:	Biological Sex:	Gender:	He/Him/His or She/Her/Hers	Placement Level: RCCF	
SSN#:		Medicaid#:		Private Insurance#:	
DYS Client ID#			DYS CRB Status:		
Projected Length of Stay:			Language Spoken:		
Height:	Weight:	Eye Color:		Hair Color:	
Ethnicity:		Complexion:		Identifying Marks:	

### Referring Party Information:

Referred By:	Phone:
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### Legal/Physical Custody Information:

Legal Custody is held By:		Physical Custody is held By:		
Filing of a D&N, Probation, Legal/physical custody, restraining orders, Parental Rights Terminated, etc.? If "YES" please explain:			YES	NO

### Treatment Team Members:

Client/Case Manager:		Phone:	Email:
Other:		Phone:	Email:
Other:		Phone:	Email:
Probation Officer:		Phone:	Email:
RYS Therapist:		Phone: 245-3952	Fax: 244-6609
RYS Case Manager:		Phone: 245-3952	Fax: 244-6609
<b>Parent/Guardian:</b>	Phone:		
	Address and City/State/Zip:		
	Email:		
<b>Parent/Guardian:</b>	Phone:		
	Address and City/State/Zip:		
	Email:		

### Medications:

Allergies (drug, food, other):			
Medication	Dosage	Time Administered	Prescribing Physician

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**Does the youth have any upcoming appointments we need to be aware of? YES NO**

(Please include medical, dental, vision, IEP meetings, court, therapy, or any other pending appointment requiring transport.)

Date	Time	Location	Reason

**Background Information/Presenting Problem:**

Please provide brief background information and reason for admission/referral below – Symptoms, behaviors, diagnosis, precipitating events, onset, duration of problems, history, medical issues and why does the youth need admission now?:


Previous Placements:

How is the presenting problem viewed by the family? Is it acceptable? Is it considered a disease?

Does the family/youth know others who have had this problem? How did they treat the problem?

What kinds of treatment does the family/client think will help or heal them?

What has been the family/clients experience with treatment?

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## Developmental History

Was pregnancy planned? YES NO	Mother's reaction to pregnancy:	Father's reaction to pregnancy:
Age of biological mother when youth was born:	Age of biological father when youth was born:	
Describe any drug, alcohol or tobacco use by either parent during pregnancy:		
Describe any physical problems of parents during pregnancy:		
Describe any environmental problem during pregnancy:		
Delivery (circle):	Vaginal	C-section
	Breech	Forceps used
Describe any delivery problems:		
Were parents married at the time of birth? If so, how long did the marriage last?		
Describe any problems with baby after birth:		
Describe any Post-Partum Depression and treatment:		
Infant was (circle):	Breast Fed	Bottle Fed
		Age weaned:
Infant's early temperament:		
Who were the primary caregivers during first three years of child's life?		
Describe any significant and/or lengthy separations from primary caregivers:		
Did child exhibit separation anxiety?		Did child exhibit stranger anxiety?
Were developmental milestones met on time? (If no; explain)		Age Talked?
		Age Walked?
		Age Potty Trained?

## Social History Information /Update

**\*\*Note to Referring Party:** If there have been any recent progress reports written in the last two months, attach those to this document. Please refer to such documents when indicated. Please update the sections below since the most recent progress report\*\*

<b>FAMILY</b> (Indicate current or any changes in family structure or other recent incidents involving family members):
<b>FAMILY PSYCHIATRIC HISTORY</b>
<b>BEHAVIORS</b> (Identify current or any recent changes in behaviors – D&A use, aggression, sexual acting out, running away, etc...):

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**Family History:**

Maternal Side:	Paternal Side:
Substance abuse?	
Mental health?	
Domestic Violence?	
Criminal History?	
Other recent incidents involving family members?	
Medical History? Surgery?	
Prescribed Medication? What worked? What did not work?	
Diabetes I or II?	
Any serious congenital heart problems at a young age?	
Biological Siblings Prescribed Medication on Maternal Side? What worked? What did not work?	Biological Siblings Prescribed Medication on Paternal Side? What worked? What did not work?

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**Culture:**

How does the youth and family identify culturally?	
What aspects of being (culture identified above) are most important?	
What Traditions or Holidays are important?	
What Spiritual Practices or Beliefs are important?	

**Immigration (if applicable):**

Where did the youth immigrate from?	
When did the youth come to the United States?	
Has the youth returned to the country of origin?	
Does the youth have personal ties to the country of origin?	
Youth reaction to immigration and adjustments made in the process?	

**Social History:**

Where was the youth born?			
Who does the youth consider family?			
What Language does the youth speak?			
What Language does the family speak?			
History of Abuse? (Emotional, DV, Neglect, Physical, Sexual)	YES	NO	
If "YES" please explain			
History of Sexually Acting Out?	YES	NO	
If "YES" please explain			
Youth's Sexual Orientation?			
History of Running Away?	YES	NO	
If "YES" please explain			
History of Lying?	YES	NO	
If "YES" please explain			

**School:**

Previous/Current School:				School District:			
Last Grade Completed:			Current Grade:		Goal (circle):	Diploma	GED
Number of Schools Attended:				Name(s):			
Attendance (circle):	Appropriate	Poor	Tardiness	Explain:			
Academic Grades (circle):		Passing	Failing	Change	Explain:		
Relationship w/teacher(s) (circle):		Good	Fair	Poor	Explain:		
Suspensions (circle):	Yes	No	Date(s):		Reason:		School:
Expulsions (circle):	Yes	No	Date(s):		Reason:		School:
Learning Disabilities (circle):		Yes	No	Type:			
Special Education (circle):		Yes	No	Disability:			
IEP (circle):	Yes	No	Describe:			As reported by:	

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## **Legal Issues:**

Does the youth have any current/historical legal issues (pending charges, etc...)?	YES	NO
If "YES" please explain:		
Committing Charge:		
Prior Adjudication (s):		

## **Substance Abuse Information:**

Does the youth have any current/historical substance abuse issues?	YES	NO
If "YES" please explain (did youth receive treatment):		

## **Recreational Information:**

Does the youth have any recreational interests, hobbies, skills or talents?	YES	NO
If "YES" please explain:		

## **Occupational Information:**

Does the youth have any specific occupational skills or interests?	YES	NO
If "YES" please explain:		

## **Mental Health Information/Summary:**

All Previous Placements (Include hospitalizations, psych admits, foster care, locked facilities etc...):

Current/Previous Psychotherapist:	Phone:
Current/Previous Psychiatrist	Phone:

## **Intake Diagnoses:**

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## MEDICAL HISTORY

### Medical/Dental Issues/Restrictions:

<b>Physician Name</b>	Phone:
	Address:
	City / State / Zip:
<b>Dentist Name:</b>	Phone:
	Address:
	City / State / Zip:
<b>Does the youth have any medical diagnosis?</b>	YES NO
If "YES" please explain:	
<b>Does the youth have any long term/chronic illnesses?</b>	YES NO
If "YES" please explain:	
<b>Does the youth have any physical limitations and/or adaptive equipment?</b>	YES NO
If "YES" please explain:	
<b>Is the youth now, or has the youth recently been under observation or receiving treatment for any illness or medical problem (also, see above for chronic diseases/medical issues):</b>	YES NO
If "YES" please explain:	
<b>Does the youth have any unmet dental needs?</b>	YES NO
If "YES" please explain:	
<b>Does the youth have a history of cavities, dental work or orthodontic procedures?</b>	YES NO
If "YES" please explain:	

### Past Medical History and Illness (Please check those that apply):

Anemia	Diabetes	Hospitalizations	Rubella (3 day)
Asthma	Diphtheria	Kidney Disease	Scarlet Fever
<i>Bedwetting</i>	<i>Ear Infections</i>	Meningitis	<i>Sickle Cell Anemia</i>
Bladder Infection	<i>Eye Problems</i>	Mumps	<i>Skin Problems</i>
Bone/Joint	<i>Frequent Colds</i>	<i>Nose Bleeds</i>	Stomach Aches
Broken Bones	<i>Headaches</i>	Pneumonia	Surgeries
Chicken Pox	Hearing Loss	Polio	Tuberculosis
<i>Concussion</i>	Heart Murmur	Red Measles	<i>Wear Glasses</i>
Convulsions/Seizures	Hernia	Rheumatic Fever	Whooping Cough

Explain any Checked Box: