



Residential Youth Services

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

YOUTH NAME:

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

Director of Hilltop Residential Youth Services
1405 Wellington Avenue
Grand Junction CO 81501
(P) 970-244-0538
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RYS Referral and Information Packet

Identifying Information:

First Name:		Middle Name:		Last Name:		Admit Date:		Admit Time:	
Placement Agency (circle one):		MEDICAID	DHS	CYMHTA	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/Insurance#:			Sexual Orientation:				
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:

Placing Agency Emergency Contact Information:	Phone:
Client/Case Manager:	Phone: _____ Email: _____
GAL:	Phone: _____ Email: _____
Mentor:	Phone: _____ Email: _____
Other:	Phone: _____ Email: _____
Other:	Phone: _____ Email: _____
Other:	Phone: _____ Email: _____
Probation Officer:	Phone: _____ Email: _____
RYS Therapist: Kyla Hauer, LCSW	Phone: 245-3952 Fax: 244-6609
RYS Case Manager: Adrianna Blea, BA	Phone: 245-3952 Fax: 244-6609
Parent/Guardian:	Phone: _____
	Address and City/State/Zip: _____
	Email: _____
Parent/Guardian:	Phone: _____
	Address and City/State/Zip: _____
	Email: _____

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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******

FAMILY (Indicate current or any changes in family structure or other recent incidents involving family members):	
FAMILY PSYCHIATRIC HISTORY	MEDICAL ISSUES/DIAGNOSIS
BEHAVIORS (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	
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	Fair	Poor	Tardiness
Academic Grades (circle):	Passing	Failing	Average	
Relationship w/teacher(s) (circle):	Good	Fair	Poor	
Suspensions (circle):	Yes No	If Yes, Date(s), Reason & School:		
Expulsions (circle):	Yes No	If Yes, Date(s), Reason & School:		
Learning Disabilities (circle):	Yes	No	Explain:	
Special Education (circle):	Yes	No	Explain:	
IEP (circle):	Yes	No	Explain:	

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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

Allergies (drug, food, other):

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Medications:

Medication	Dosage	Time Administered	Prescribing Physician

Medical/Dental Issues/Restrictions:

Physician Name and Number:	Dentist Name and Number:	
Does the youth have any medical diagnosis?		
	YES	NO
If "YES" please explain:		
Does the youth have any long term/chronic illnesses?		
	YES	NO
If "YES" please explain:		
Does the youth have any physical limitations and/or adaptive equipment?		
	YES	NO
If "YES" please explain:		
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):		
	YES	NO
If "YES" please explain:		
Does the youth have any unmet dental needs?		
	YES	NO
If "YES" please explain:		
Does the youth have a history of cavities, dental work or orthodontic procedures?		
	YES	NO
If "YES" please explain:		

Past Prescription and OTC Medication, Efficacy or Allergies

Medication and Dose	Response	Side Effect (if any)

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

Anemia	Asthma	Bedwetting	Bladder Infection	Blood Disorder	Bones/Joints
Chicken Pox	Concussion	Convulsions/Seizures	Diabetes	Diphtheria	Ear Infections
Eye Problems	Frequent Colds	Headaches	Hearing Loss	Heart Murmur	Hernia
HIV/AIDS	Hospitalizations	Kidney Disease	Meningitis	Mumps	Nose Bleeds
Pneumonia	Polio	Red Measles	Rheumatic Fever	Rubella (3 day)	Scarlet Fever
Sickle Cell Anemia	Skin Problems	STD's	Stomach Aches	Surgeries	Tuberculosis
Wear Glasses	Whooping Cough	Other:			

Explain:

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