



RESIDENTIAL & GROUP HOME REFERRAL FORM

THANK YOU FOR YOUR INTEREST IN REFERRING A YOUTH TO RAWHIDE!

Please complete this form, attach any necessary paperwork, and send to intake@rawhide.org. To complete the process, our Intake Specialist will reach out for additional information for a thorough assessment of the referred youth. This form is intended to be completed by Placing Agency such as County, DOC, or Tribe.

REFERRING AGENCY

Name of worker referring: _____

Name of additional workers and roles: _____

Email: _____ Phone: _____

Type of referral (e.g., CPS, JIPS, delinquency, etc.): _____

Program for Rawhide placement*:

☐ Standard Residential (boys 11-17 years old) ☐ Group Home - New London (boys 13-17 years old; prefer ages 16 & 17)

☐ Group Home - Peshtigo ☐ Specialized Residential Programming: Youth Sex Offender ☐ Specialized Residential Programming: Youth Co-occurring Substance Use

☐ Specialized Residential Programming: Young Adolescent Program

YOUTH

Full legal name: _____ Date of birth: _____

Height: _____ Weight: _____ Ethnicity and race: _____ Language spoken: _____

Current placement location: _____

Medicaid No.: _____

Prescribed medications: _____

Mental health diagnosis: _____

Reason for referral: _____

ADDITIONAL INFO

Please attach any of the following forms*:

☐ Hospital records for inpatient placements ☐ History of past placements with dates/summaries ☐ Police reports
☐ Psychological exam ☐ School records ☐ Permanency Plans ☐ Part A and B ☐ Court records: petitions, orders, etc.

**You may submit the intake form without these documents. Our intake team will follow up after review to collect any additional items.*