RAWHIDE
YOUTH SERVICES

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 ☐ Group Home - New London ☐ Group Home – Peshtigo

☐ Specialized Residential: Youth Sex Offender ☐ Specialized Residential: Youth Co-occurring Substance Use ☐ Specialized Residential: Young Adolescent Program (11-14 years old)

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.*