



INTAKE 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.

REFERRING COUNTY

Name of worker referring: _____

Name of ongoing caseworker (if different): _____

Email: _____ Phone: _____

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

Duration intended (Preferred start date): _____

Program for Rawhide placement:

☐ Standard Residential (boys 11-17 years old) ☐ Group Home (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

YOUTH

Full legal name: _____ Date of birth: _____

Height: _____ Weight: _____ Ethnicity: _____ Language spoken: _____

Current placement location: _____

Medicaid No.: _____ Is insurance activated? ☐ Yes ☐ No

Prescribed medications: _____

Mental health diagnosis: _____

ADDITIONAL INFORMATION

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.*