

**Referral Type:**

**Referral Date:**

**YOUTH INFORMATION**

**Referring Region:** \_\_\_\_\_ **Referring DJJ Unit:** \_\_\_\_\_

**Referring FIPS:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Juvenile #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **years,** \_\_\_\_\_ **months**

**Current Supervision Status:** \_\_\_\_\_

**Anticipated Supervision Status:** \_\_\_\_\_

**Youth's Current Location:** \_\_\_\_\_

**Expected Location for Services:** \_\_\_\_\_

**Next Court Date:** \_\_\_\_\_

**Court Details:** \_\_\_\_\_

*\*Note: A Change Notification Form must be sent to the RSC to report a change in the youth's status or location.*

**ASSESSMENT OF RISK, NEEDS, AND RESPONSIVITY**

**Date of Current YASI:** \_\_\_\_\_

**If the YASI has not been completed, indicate the reason:**

\_\_\_\_\_

**Overall Risk Level:** \_\_\_\_\_

**Dynamic Needs 6-Level:** \_\_\_\_\_

**Dynamic Protective Score:** \_\_\_\_\_

**YASI Priority Domain 1:** \_\_\_\_\_

**Domain 2:** \_\_\_\_\_ **Domain 3:** \_\_\_\_\_

**Indicate DSS Involvement:** \_\_\_\_\_

**Check areas of responsivity/barriers:** \_\_\_\_\_ **Language (list here):** \_\_\_\_\_

\_\_\_\_\_ **Access to Telehealth** \_\_\_\_\_ **Transportation** \_\_\_\_\_ **Trauma History**

**Explain and elaborate on areas of responsivity/barriers:**

\_\_\_\_\_

**FUNDING INFORMATION AND OTHER SERVICES**

**Medicaid Status:**      **No Medicaid**                      **Medicaid Eligible**                      **Pending**                      **Medicaid is Active**  
**CSA Eligibility Status:**                                      **Current CSA/FAPT Involvement:**  
**Other Funding Available 1:**                                      **Other Funding Available 2:**  
**Other Funding Available 3:**  
**Explain other funding sources utilized, available, explored, and/or ruled out:**

**Current Services:**

**Prior Services:**

**REQUEST FOR ASSESSMENTS AND EVALUATIONS\***

**Requested Assessment/Evaluation Type:**

**What questions need to be answered during the assessment/evaluation? Explain the purpose and goals:**

**Is the assessment/evaluation court ordered?**

**Report and recommendations needed by:**

**Next Court Date:**

**Requested Provider:**

**REQUESTED SERVICES\****Use the web links below to review available providers and services in each region.***Service Request 1) Requested Sub-Category:****Service:****Dosage:****Provider:****Primary Target Need Area for Requested Service:****Requested Start Date:***If the youth is currently detained or in direct care, are services requested to begin prior to the youth's release to the community?**Are pre-engagement activities being requested?***Provide a detailed rationale and goals for this specific service:****Service Request 2) Requested Sub-Category:****Service:****Dosage:****Provider:****Primary Target Need Area for Requested Service:****Requested Start Date:***If the youth is currently detained or in direct care, are services requested to begin prior to the youth's release to the community?**Are pre-engagement activities being requested?***Provide a detailed rationale and goals for this specific service:****Service Request 3) Requested Sub-Category:****Service:****Dosage:****Provider:****Primary Target Need Area for Requested Service:****Requested Start Date:***If the youth is currently detained or in direct care, are services requested to begin prior to the youth's release to the community?**Are pre-engagement activities being requested?***Provide a detailed rationale and goals for this specific service:***Note: There is a limit of one additional page. If the number of services being requested exceed this page limit, please contact the RSC.*

**FOR DIRECT CARE, PAROLE, RESIDENTIAL PROGRAMS, AND/OR INDEPENDENT LIVING**

**Commitment Date:** \_\_\_\_\_ **Anticipated Direct Care Release Date:** \_\_\_\_\_

**Targeted Parole Release Date:** \_\_\_\_\_ **Does the youth have a valid VA ID?** \_\_\_\_\_

**MHSTP Status:** \_\_\_\_\_ **Educational Status:** \_\_\_\_\_

**List additional direct care or parole release details :**

**List potential opportunities to engage with the DSP prior to release :**

**Explain the youth's adjustment to current placement and recent behaviors:**

**Provide details about the youth's involvement in educational and vocational programs, including certifications:**

**Sex Offender Registry Status (indicate registration status, last date of registration, and any special conditions):**

**Specific instructions for the proposed residential provider or IL program:**

*\*Note: A Change Notification Form must be sent to the RSC to report a change in the youth's PO, status, or location.*

**REFERRING STAFF AND RELATED DJJ CONTACTS**

**Referring Staff Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Other Staff Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_



**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Other Staff Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**SUPERVISOR REVIEW AND APPROVAL**

**I verify this referral was staffed with my supervisor on this date:**

Other notes/general comments:	
This form must be emailed to the assigned RSC company with the documents below attached:	
For all referrals, the current:	For all Probation, Parole, and Direct Care referrals:
<p><b>BADGE Face Sheet</b></p> <p><b>Release of Information</b></p> <p><b>YASI Screen or Assessment (Wheel)</b></p>	<p><b>YASI Behavioral Analysis (ABCD)</b></p> <p><b>YASI Narrative</b></p> <p><b>Social History</b></p> <p><b>Case Plan</b></p>
For all GPS/EM referrals: <a href="#">GPS Referral Guidelines Form</a>	
Check additional items attached:	
<p><b>BADGE Offense History</b></p> <p><b>Court Order</b></p> <p><b>Intake History/Police Reports (for assessments/evaluations)</b></p> <p><b>Prior Assessments (e.g., CANS)</b></p> <p><b>Prior Screenings (e.g., MAYSI, SEAS, SASSI)</b></p>	<p><b>JCC Progress Reports</b></p> <p><b>MHSTP</b></p> <p><b>IEP</b></p> <p><b>Other Relevant Documentation</b></p> <p><i>Attach additional pages as needed.</i></p>
Send the referral and supporting documents to:	
 <p><b>Eastern:</b> <a href="mailto:VAServices-Referrals@amikids.org">VAServices-Referrals@amikids.org</a>  <b>Southern:</b> <a href="mailto:VAServices-Referrals@amikids.org">VAServices-Referrals@amikids.org</a>  <b>Western:</b> <a href="mailto:VAServices-Referrals@amikids.org">VAServices-Referrals@amikids.org</a>  <b>AMIKids Resources:</b> <a href="http://www.amikidsvirginia.org">www.amikidsvirginia.org</a></p> <p><b>AMIKids Provider Directory</b>  <a href="http://www.amikids.org/amikids-virginia/vendor-directory">http://www.amikids.org/amikids-virginia/vendor-directory</a></p>	 <p><b>Central:</b> <a href="mailto:RSCentral@ebanetwork.com">RSCentral@ebanetwork.com</a>  <b>Northern:</b> <a href="mailto:RSCNorth@ebanetwork.com">RSCNorth@ebanetwork.com</a>  <b>EBA Resources:</b> <a href="https://evidencebasedassociates.com/">https://evidencebasedassociates.com/</a></p> <p><b>EBA Provider Directory</b>  <a href="http://vamap.evidencebasedassociates.com">http://vamap.evidencebasedassociates.com</a></p>
PROVIDER NOTES AND INSTRUCTIONS	
<p><i>*This referral form includes a brief overview of the youth and service(s) as requested from the referring DJJ staff member, but does not reflect the final service(s) as authorized by the RSC company. Please refer to the approved service authorization (POSO) issued by the RSC company for documentation on the authorized service(s) and dosage.</i></p>	
Regional Service Coordination Company Notes (internal use only):	