

Resilience Rising

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www.resilience-rising.org

Youth Referral

Person Making Referral _____ Relation _____

Contact Phone Number _____ Date of Referral _____

Identifying Information

Full Name _____ DOB _____

Height _____ Weight _____ Sex (F/Transgender) _____ (Race/Ethnicity) _____

Eye Color _____ Hair Color (natural) _____ (current) _____

Language _____ Faith _____

Tattoos _____

Piercings _____

Custody Information

Custody of Youth _____

Teen Mom Yes No Due Date _____ Age of Child _____ Custody of Child _____

Placement History

Current Placement/Location _____ Desired Date of Placement at RR _____

Approximate # of Prior Placements _____

Active Protection Orders

Name of Perpetrator	
Relation to Youth	
Stipulations	

Name of Perpetrator	
Relation to Youth	
Stipulations	

Name of Perpetrator	
Relation to Youth	
Stipulations	

Medical History

Medical Conditions	
Allergies	
Mental Health Issues	
Triggers/Anniversary Dates	
Disabilities	
Medications	

Education History

Last grade completed _____ Disabilities _____

IEP Yes No Re: _____

Behavioral History - check all that apply

- running cutting eating disorder substance abuse suicidal gestures enuresis/encopresis
- inpatient treatment insomnia property destruction fire setting animal cruelty weapon use
- criminal history physical fighting (peers) physical fighting (adults) sexual perpetration gang activity

Commercial Sexual Exploitation (CSEC) History - check all that apply, if known

- disclosure denial familial perpetrator romeo pimp/“boyfriend” gorilla pimp (violent) gang related
- prostitution pornography stripping escort survival sex child marriage pregnancy
- forced abortion “bottom” (perpetrator/recruiter) beaten burned strangled stabbed shot
- branding/tattoo criminal charges (i.e. prostitution) other _____

Youth's Village

caseworker, parent/guardian, GAL, probation, therapist, social support, etc.

Name _____ Relation/Title _____

Phone _____ Email _____

Mailing Address _____

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