TO: The Connecticut Youth Services Association

Name of child
Address of child
Date of birth

Child's gender
- Male
- Female
- Other

Child's race
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black
- Unknown
- White
- Other
- Hispanic
- Yes
- No

Indian tribe/reservation, if any

School/grade

Name of Parent/Guardian/Other Custodian
Relationship to child

Address of Parent/Guardian/Other Custodian

Parent/Guardian/Other Custodian Telephone Numbers:
Home:
Cell:
Work:

(Optional) Name of Parent/Guardian/Other Custodian
Relationship to child

Address of Parent/Guardian/Other Custodian

Parent/Guardian/Other Custodian Telephone Numbers:
Home:
Cell:
Work:

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Please check all that apply

I believe that the above family is a family with service needs because it includes a child who:

- [ ] A. Has run away from his or her parental home or other properly authorized and lawful place of abode without just cause.
  
<table>
<thead>
<tr>
<th>When (Date)</th>
<th>For how long</th>
<th>To where (If known)</th>
</tr>
</thead>
<tbody>
<tr>
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  Previous history of running away

- [ ] "X" here if the child has been missing for more than twenty-four (24) hours at the time of this application

- [ ] "X" here if you have contacted the police and reported the child as missing.

- [ ] B. Is beyond the control of his or her parent(s), guardian or other custodian. (*Describe behavior and date(s) of incident(s)*)

- [ ] C. Has engaged in indecent or immoral conduct. (*Describe behavior and date(s) of incident(s)*)

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Additional Information

Please provide information regarding the following, if available:

Current mental health diagnosis of the child (if known):

1. Has the child received help for problem behaviors in the past?
   - [ ] No
   - [ ] Yes (when and where):
   - [ ] Unknown

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(Continued on back/page 2)
### Additional Information - Continued

2. Does the child currently take any medications?
   - No
   - Yes (specify):

3. Does the child currently abuse any medications?
   - No
   - Yes (when):

4. Has the child been in the hospital recently?
   - Yes (specify dates and reasons):

5. Has your family been involved with the Department of Children and Families?
   - No
   - Yes (when):

6. Has your child been involved with Juvenile Court?
   - No
   - Yes (when):

7. Has your child been involved with a Juvenile Review Board (JRB)?
   - No
   - Yes (when):

8. Does your child use substances (alcohol, tobacco, drugs)?
   - No
   - Yes (describe type and frequency):

9. Has the child violated family-defined curfew?
   - No
   - Yes (specify):

10. Does the child engage in verbal arguments in the home beyond simple talking back (i.e., screaming or swearing)?
    - No
    - Yes (specify how often):

11. Does the child engage in physical violence?
    - No
    - Yes (describe and specify how often):

12. Has the child had previous out-of-home placements, including with other family members?
    - No
    - Yes

<table>
<thead>
<tr>
<th>When (Dates)</th>
<th>For how long</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason(s)</td>
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</table>

**Comments**

Please further explain the behaviors leading to this referral. Should we know anything else about your child?

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Signature | Relationship to child or agency/title (if applicable) | Date signed