

# UNIVERSAL CCF REFERRAL PACKET

## SECTION A: MANDATORY DOCUMENT CHECKLIST

Please submit all documents listed below for a complete referral.

Category	Document Required	Key Requirement / Content Mandated
<b>LEGAL</b>	Journal Entry (Commitment)	<b>Required Information:</b> <ul style="list-style-type: none"> <li>- Must explicitly state placement at the CCF (Facility Name)</li> <li>- Suspended Commitment to ODYS</li> <li>- Felony Offense, ORC Code, and Felony Level</li> <li>- The school district responsible for educational costs.</li> </ul>
<b>LEGAL</b>	Police Report / Complaint	Report detailing the underlying/committing offense(s).
<b>LEGAL</b>	Prior Court History	Complete listing of all prior adjudications, offenses, and dispositions.
<b>LEGAL</b>	"No Contact" Orders	Copies of all Court Entries mandating no contact with any individual.
<b>ID</b>	Birth Cert & SSN Card	Legible copies (or approved substitute documentation).
<b>ASSESSMENT</b>	Social History / DIR	Current, comprehensive social history including family background and mental health history.

<b>ASSESSMENT</b>	OYAS / Risk Tool	<p>Most recent assessment score/summary (YLS, OYAS, or comparable validated tool).</p> <p>Note: Not all referrals come with OYAS completed; CCFs typically complete upon admission.</p>
<b>ASSESSMENT</b>		PSB (Problematic Sexual Behavior) assessments (If applicable).
<b>EDUCATION</b>	Educational Records	Current Transcript, School District, ETR, IEP, or 504 Plan (if applicable), and immunization records.
<b>MEDICAL</b>	Insurance/Medical Card	Copy of both the front and back of insurance cards (Medicaid/Private) and Physician name.
<b>CLINICAL</b>	Behavior/Discharge Sum.	Summary of Behavior in Detention (JDC), incident reports, and discharge summaries from prior out of home placements (if available).
<b>CLINICAL</b>	Psychological Reports	Any existing psychiatric evaluations, psychological testing, or drug/alcohol assessments.

## **SECTION B: STANDARDIZED REFERRAL FORMS**

### **PART 1: REFERRAL & DEMOGRAPHIC DATA**

#### **YOUTH INFORMATION**

1. **Full Legal Name:**
2. **AKA / Alias (if any):**
3. **Social Security Number (Full):**
4. **Date of Birth:**
5. **Age:**
6. **Race:**
7. **Gender:**
8. **Physical Identifiers (Height/Weight/Hair/Eyes):**
  
9. **Physical Marks / Tattoos / Scars:**

#### **EDUCATION**

1. **Grade Level**
  
2. **School District**
  
3. **Academic Accommodation(s)**

## **CUSTODIAL AND CONTACT INFORMATION**

- 1. Legal Custodian(s) Name(s):**
- 2. Relationship to Youth:**
- 3. Current Address:**
- 4. Home / Cell Phone:**
- 5. Work Phone / Email:**
- 6. Emergency Contact (Name/Relationship/Phone):**

## **FAMILY & SYSTEM INVOLVEMENT**

- 1. Total Siblings (Full/Half/Step):**
- 2. Sibling Details (Name, DOB, Relationship, Living With):**
- 3. Child Protective Services Involvement:**      Yes      No
- 4. Abuse History (types of abuse experienced, perpetrator, etc.)**
- 5. Open Case:**      Yes      No
- 6. Custody:**      Yes      No
- 7. Case Worker Name / Contact Information:**

**LEGAL AND OFFENSE DATA**

**Committing Court:**

**Committing Judge:**

**Probation Officer:**

**PO Phone / Email:**

**Current Case Number(s):**

**Felony Level and ORC Code (Committing Offense):**

**Prior Probation Status:** No Prior Successful Unsuccessful

**Prior Placements (JDC, Group Homes, Foster Care):**

**Family Cooperation with Court Services (Past/Present):**

**Offense Narrative (Summary of Offense, Weapons, Gang Related?):**

**PART 2: RISK & CLINICAL SUMMARY**

**OYAS RISK ASSESSMENT**

**OYAS-Residential Tool Score and Risk Level:**

**Extenuating Circumstances (if Low Risk):**

**CLINICAL HISTORY**

**Current / Prior Mental Health Diagnosis (if known):**

**Current Medications (Name / Dosage / Condition):**

**Substance Use Profile (History of Alcohol/Drug/Inhalant Use):**    Yes    No

**Primary Substance(s) and Date of Last Use:**

**Prior Treatment (Type / Location / Dates):**

**CRITICAL RISK FACTORS (Check ONLY if "Yes" and detail below)**

**History of Suicide Attempts or Ideation (Past/Current)**

**Explanation**

**History of Self-Mutilating Behavior**

**Explanation**

**History of Severe Aggression / Sexual Behavior in Past Placements**

**Explanation**

**PROBATION OFFICER NARRATIVE (Rationale for CCF Placement):**

**PART 3: PARENT / GUARDIAN INPUT**

**1. Strengths: What are your child's greatest strengths?**

**2. Concerns: What are your primary concerns for your child?**

**3. Goals: What would you like your child to achieve during this placement?**

**4. Barriers: Are there specific barriers to your participation in treatment (e.g., travel)?**

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

## COURT APPROVED RESIDENT VISITATION LIST

Youth: \_\_\_\_\_

Date: \_\_\_\_\_

Please list approved parents / guardians / grandparents / siblings / clergy (or professionals) **-ONLY**

Visitor's name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
SS#: \_\_\_\_\_

Visitor's name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
SS#: \_\_\_\_\_

Visitor's name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
SS#: \_\_\_\_\_

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Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
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Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
SS#: \_\_\_\_\_

Visitor's name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
SS#: \_\_\_\_\_

Attachment 2

YOUTH NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**Authorization for medical/dental Treatment**

I hereby give permission for such medical / dental treatment and procedures as are necessary in the diagnosis and treatment for this youth. As the parent or legal guardian, I agree to allow the North Central Ohio Rehabilitation Center to provide medical / dental care or treatment when necessary.

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Authorization to release information**

Permission is granted to any clinic, dental clinic, hospital, physician, dentist, or health agency to release information to the North Central Ohio Rehabilitation Center pertaining to the health, dental or previous medical / dental care of this youth.

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

**JOURNAL ENTRY MUST INCLUDE**

A Journal Entry committing a youth to the North Central Ohio Rehabilitation Center must include certain information to comply with the Ohio Department of Youth Services Standards.

- Felony offense
- Felony offense level (i.e.: F5, F4, F3, F2, F1)
- Offense ORC code
- Youths date of birth
- Date youth will arrive at NCORC
- School district ordered to pay for educational cost
- Youth's home school ordered to provide NCORC with copies of school records
- Suspended commitment to ODYS and committed to NCORC for successful completion of the program (DO NOT place the youth in the custody or temporary custody of NCORC, legally we cannot take custody of a youth)
- Parents (custodians) shall comply with all reasonable requests from the North Central Ohio rehabilitation Center.

**DOCUMENTS CHECKLIST**

- Copies of:
  1. insurance information
  2. child support,
  3. immunization records
  4. birth certificate.
  
- (2) documents with social security number and Date of Birth