

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

ASSESSMENT	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>
ASSESSMENT		PSB (Problematic Sexual Behavior) assessments (If applicable).
EDUCATION	Educational Records	Current Transcript, School District, ETR, IEP, or 504 Plan (if applicable), and immunization records.
MEDICAL	Insurance/Medical Card	Copy of both the front and back of insurance cards (Medicaid/Private) and Physician name.
CLINICAL	Behavior/Discharge Sum.	Summary of Behavior in Detention (JDC), incident reports, and discharge summaries from prior out of home placements (if available).
CLINICAL	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#: _____

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Address: _____ Phone: _____
SS#: _____

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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: _____