CONNECTED FAMILIES NH
UNDER THE GOVERNANCE OF CHESHIRE COUNTY
MOVING FORWARD TOGETHER

NFI NORTH

Transitional Residential Enhanced Care Coordination referral & intake form

Please complete this form to the best of your abilities

Referral information

Client ID (If Applicable):
Medicaid ID:
Referral Source:
Referral Date:
Referent Name:
Referent Contact:
Referral type: Residential: ☐ Psychiatric hospital ☐ Other ☐ Explain:
Has the family consented to the referral? Yes ☐ No ☐
Is there current DCYF Involvement? Yes ☐ No ☐
If *Yes*: DCYF Worker name: DCYF Worker contact number:
DCYF DO (if applicable)
Additional history attached Yes ☐ No ☐

Youth Information

Legal first name: Middle Initial: Legal Last name:
Youth preferred name:
Personal pronoun (he/she/they/other):
Youth date of birth: Age:
Preferred written language: Preferred spoken language:
Youth street address:
City:
State:
ZIP Code:
Interpreter needed? Yes ☐ No ☐
Other accommodations? Yes ☐ No ☐ If yes, explain:

Caregiver 1 information

Legal first name: Legal last name:
Preferred name:
Personal pronoun:
Primary contact? Yes ☐ No ☐ Legal guardian or responsible party? Yes ☐ No ☐
Relationship to youth: ☐ Birth parent ☐ Step parent ☐ Adoptive parent ☐ Foster parent ☐ Grandparent ☐ Sibling ☐ Other relative ☐ Non-relative not previously listed ☐ Prefer not to answer
Percent time living with this caregiver: 0-24% ☐ 25-49% ☐ 50-74% ☐ 75-100% ☐
Best contact number:
OK to receive texts at this number? Yes ☐ No ☐
Email address:
Preferred written language? Preferred spoken language:
Interpreter needed? Yes ☐ No ☐
Other accommodations? Yes ☐ No ☐ If yes, explain:

Caregiver 2 Information

Legal first name: Legal last name:

Preferred name:

Personal pronoun:

Primary contact? Yes ☐ No ☐ Legal guardian or responsible party? Yes ☐ No ☐

Relationship to youth: ☐ Birth parent ☐ Step parent ☐ Adoptive parent ☐ Foster parent ☐ Grandparent ☐ Sibling ☐ Other relative ☐ Non-relative not previously listed ☐ Prefer not to answer

Percent time living with this caregiver: 0-24% ☐ 25-49% ☐ 50-74% ☐ 75-100% ☐

Best contact number:

OK to receive texts at this number? Yes ☐ No ☐

Email address:

Preferred written language? Preferred spoken language:

Interpreter needed? Yes ☐ No ☐

Other accommodations needed? Yes ☐ No ☐ If yes, explain:

Please attach supporting guardianship documentation or up to date parenting agreements if applicable

Family and other relationships

First name, last name, age of all siblings:

First name, last name, type of relationship of all other people living with primary caregiver(s):

Has the youth or any member of their family ever served in the military? Yes ☐ No ☐

Youth sexual orientation, gender identity, sex at birth

Does the youth think of themselves as (check one): Bisexual ☐ Gay or lesbian ☐ Straight or heterosexual ☐

Something else (e.g., queer, pansexual, asexual) ☐ please specify:

Don't know ☐ Choose not to disclose ☐

Youth's current Gender Identity (select all that apply)

Girl/Woman ☐ Transgender Girl/Woman ☐ Something else (e.g., non-binary, genderqueer, gender fluid) ☐
Boy/Man ☐ Transgender Boy/Man ☐ Choose not to disclose ☐

Sex youth was assigned at birth (check one):

Female ☐ Male ☐ Intersex ☐ Choose not to disclose ☐

Youth ethnicity

Is the youth of Hispanic, Latino/a, or Spanish origin? Yes ☐ No ☐

If yes, which group describes his/her Hispanic, Latino/a, or Spanish origin? (select all that apply)

Central American	☐	Mexican or Chicano	☐	Other Hispanic	☐
Cuban	☐	Puerto Rican	☐	Declined (don't ask again)	☐
Dominican	☐	South American	☐	Unavailable/unknown	☐

Youth race

Which of the following race(s) best describe the youth? (select all that apply)

African American	☐	Guamanian/Chamorro	☐	White	☐
Alaska Native	☐	Japanese	☐	Other Asian	☐
American Indian	☐	Korean	☐	Other Pacific Islander	☐
Asian Indian	☐	Native Hawaiian	☐	Declined (Don't ask again)	☐
Chinese	☐	Samoan	☐	Unavailable/unknown	☐
Filipino	☐	Vietnamese	☐		

Youth and family strengths

What are the youth and family best at? What does the youth/family like to do? What helps them when times are tough? Who can they count on for support?

Residential treatment (including but not limited to foster care, relatives, group home, residential, hospital, detention or emergency shelter; please use comments for additional information)

Name/Type	Reason	Date(s)

ED and hospital visits

How many times has the youth gone to the emergency room for psychiatric reasons in the past *12 months*?

How many times has the youth been hospitalized for psychiatric reasons in the past *12 months*?

How many times has the youth been hospitalized for psychiatric reasons in their *lifetime*?

When was the youth most recently hospitalized for psychiatric reasons?

Youth challenges and concerns

What kinds of difficulties is the youth experiencing? (check all that apply)

- ☐ Adjustment-related issues
- ☐ Disordered Eating (Diagnosed eating disorder)
- ☐ Externalizing behaviors (fighting, acting out, delinquency)
- ☐ Family concerns
- ☐ Gender identity/sexual orientation
- ☐ Grief/loss
- ☐ History of Trauma/Victimization/Abuse/Neglect
- ☐ Intellectual/developmental disabilities
- ☐ Other (please explain):
- ☐ Internalizing behaviors (sad, anxious, withdrawn)
- ☐ Problems with attention and concentration
- ☐ School/educational concerns
- ☐ Sleeping problems (Difficulty falling asleep/waking up)
- ☐ Social/friendship concerns
- ☐ Substance misuse, abuse, drug dependency
- ☐ Suicide, self-injury, self-harm
- ☐ Symptoms of psychosis (hallucinations, delusions, etc.)

Current primary psychiatric Dx: Dx Code(s):

Historical psychiatric Dxs:

9. Prior services/supports that the child/family has utilized in the past *What kinds of services have you or your family received?* (check all that apply)

Individual therapy:	☐	Family therapy	☐	Group therapy	☐
Type of therapy:					
Psychiatric services:	☐	On-call crisis services	☐	Independent Living Services	☐
Youth/Family case management	☐	Intensive In-Home Services	☐	Partial hospitalization	☐
School-based behavioral supports	☐	Substance misuse treatment	☐	Early Intervention Services	☐
Transitional Age Services (RENEW)	☐	Respite, in or out-of-home	☐		

What led to the current residential treatment episode?

What needs to happen for the youth to successfully return to home/community?

What does youth/family hope – and expect – to get from TR-ECC?

What would help the youth/family to participate and engage in TR-ECC?

Additional notes or comments