

**Referral & Pre-placement SCREENING ASSESSMENT****Referral Information:** Date of Referral: \_\_\_\_\_ Referral Taken by (DI Staff Name): \_\_\_\_\_**Service Partner Information**

Name (first/middle/last):	Age:	Birth Date:
Permanent Address (Street Address & Mailing Address):		
Last Known Place of Residence:		
Nickname/ Alias:	Cultural Heritage/Ethnicity:	
Race:	Tribal Affiliation:	
Language of Service Partner:	Language of Service Partner's Family:	

**Placement Authority:** \_\_\_\_\_ Ramsey County \_\_\_\_\_ Hennepin County \_\_\_\_\_ Other (\_\_\_\_\_)**Type of Referral:** \_\_\_\_\_ Probation \_\_\_\_\_ Mental Health \_\_\_\_\_ Child Protection \_\_\_\_\_ Other (\_\_\_\_\_)**Legal Status (Check ALL That apply):** \_\_\_\_\_ Court-ordered Placement \_\_\_\_\_ CHIPS \_\_\_\_\_ Extended Juvenile Jurisdiction (EJJ) \_\_\_\_\_ Status Offender \_\_\_\_\_ Non-status Offender \_\_\_\_\_ Termination of Parents Rights \_\_\_\_\_ Voluntary Placement

Comments: \_\_\_\_\_

**Referral Source Contact Information:**Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
\_\_\_\_\_ Social Worker \_\_\_\_\_ Probation Officer \_\_\_\_\_ Child Protection \_\_\_\_\_ Other (\_\_\_\_\_)  
Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_**Insurance Information:** Medical Assistance: \_\_\_\_\_ Yes \_\_\_\_\_ No Health Plan: \_\_\_\_\_  
MA/ Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_**Information and Sources Utilized to Determine Appropriateness of Referral: (Check ALL that Apply)**\_\_\_\_\_ Placement Plan \_\_\_\_\_ Psychological Assessment \_\_\_\_\_ Psychiatric Assessment \_\_\_\_\_ IEP  
\_\_\_\_\_ Discharge Summary \_\_\_\_\_ Previous Placement Reports \_\_\_\_\_ In person Screening Session  
\_\_\_\_\_ Health Records \_\_\_\_\_ Referral Sources Notes \_\_\_\_\_ Other (\_\_\_\_\_)Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**DI Representatives Involved in Determining Appropriateness of the referral: (please list name & title)**

(NOTE: DI Executive Director &amp; Program Director must be consulted with on all referrals.)

Aretta-Rie Johnson, Executive Director  
Vicky McMillan, Program Director



Pre-Placement Assessment			
Determination Criteria	Yes	No	Comments (if applicable)
The D.I.V.I.N.E. Intervention Program and services is able to meet the Service Partner needs Cultural ____ Yes ____ No Emotional ____ Yes ____ No Educational ____ Yes ____ No Mental Health ____ Yes ____ No Physical Needs ____ Yes ____ No			
Can D.I.V.I.N.E. Intervention program and services meet the needs of the Service Partner?			
Is Service Partner a sex offender?			
Is the Service Partner is in need of an Abuse Prevention Plan?			
Is Service Partner likely to engage in sexual abusive behavior?			
Is the Service Partner a danger to the Service Partners self or others?			
Does the Service Partner need a chemical health assessment?			
<b>Shelter Services or Group Home Services desired?</b>			

Assessment Summary: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Assessment Determination:****The D.I.V.I.N.E. Intervention can meet the needs of the Service Partner?** \_\_\_\_ Yes \_\_\_\_ No**Referral Accepted** \_\_\_\_ Yes \_\_\_\_ No **If YES....** Projected Intake Date: \_\_\_\_\_**If NO....** Reasons referral was declined: \_\_\_\_\_**If NO.....** Date Referral Source was informed: \_\_\_\_\_**Signatures:****Staff Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Program Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_