

Referral Type: Choose an item. _____

Referral Date: _____

YOUTH INFORMATION

Referring Region: Choose an item. _____ **Referring DJJ Unit:** Choose an item. _____

Referring FIPS: Choose an item. _____

First Name: _____ **Last Name:** _____

Juvenile #: _____ **DOB:** _____ **Age:** _____ years, _____ months

Current Supervision Status: Choose an item. _____

Anticipated Supervision Status: Choose an item. _____

Youth's Current Location: _____

Expected Location for Services: _____

Next Court Date: _____

Court Details: _____

**Note: A Change Notification Form must be sent to the RSC to report a change in the youth's status or location.*

ASSESSMENT OF RISK, NEEDS, AND RESPONSIVITY

Date of Current YASI: _____

If the YASI has not been completed, indicate the reason:

Overall Risk Level: Choose an item. _____

Dynamic Needs 6-Level: Choose an item. _____

Dynamic Protective Score: Choose an item. _____

YASI Priority Domain 1: Choose an item. _____

Domain 2: Choose an item. _____ **Domain 3:** Choose an item. _____

Indicate DSS Involvement: Choose an item. _____

Check areas of responsivity/barriers: Language (list here): _____
 Access to Telehealth Transportation Trauma History

Explain and elaborate on areas of responsivity/barriers:

FUNDING INFORMATION AND OTHER SERVICES

Medicaid Status: No Medicaid Medicaid Eligible Pending Medicaid is Active

CSA Eligibility Status: Choose an item. Current CSA/FAPT Involvement: Choose an item.

Other Funding Available 1: Choose an item. Other Funding Available 2: Choose an item.

Other Funding Available 3: Choose an item.

Explain other funding sources utilized, available, explored, and/or ruled out:

Current Services:

Prior Services:

REQUEST FOR ASSESSMENTS AND EVALUATIONS*

Requested Assessment/Evaluation Type: Choose an item.

What questions need to be answered during the assessment/evaluation? Explain the purpose and goals:

Is the assessment/evaluation court ordered? Choose an item. Report and recommendations needed by: _____

Next Court Date: _____ Requested Provider: _____

REQUESTED SERVICES**Use the web links below to review available providers and services in each region.***Service Request 1) Requested Sub-Category:** Choose an item.**Service:** _____**Dosage:** _____ **Provider:** _____**Primary Target Need Area for Requested Service:** Choose an item.**Requested Start Date:** _____*If the youth is currently detained or in direct care, are services requested to begin prior to the youth's release to the community?* Choose an item.*Are pre-engagement activities being requested?* Choose an item.**Provide a detailed rationale and goals for this specific service:****Service Request 2) Requested Sub-Category:** Choose an item.**Service:** _____**Dosage:** _____ **Provider:** _____**Primary Target Need Area for Requested Service:** Choose an item.**Requested Start Date:** _____*If the youth is currently detained or in direct care, are services requested to begin prior to the youth's release to the community?* Choose an item.*Are pre-engagement activities being requested?* Choose an item.**Provide a detailed rationale and goals for this specific service:****Service Request 3) Requested Sub-Category:** Choose an item.**Service:** _____**Dosage:** _____ **Provider:** _____**Primary Target Need Area for Requested Service:** Choose an item.**Requested Start Date:** _____*If the youth is currently detained or in direct care, are services requested to begin prior to the youth's release to the community?* Choose an item.*Are pre-engagement activities being requested?* Choose an item.**Provide a detailed rationale and goals for this specific service:**[Click here to add an additional service request page.](#)*Note: There is a limit of one additional page. If the number of services being requested exceed this page limit, please contact the RSC.*

FOR DIRECT CARE, PAROLE, RESIDENTIAL PROGRAMS, AND/OR INDEPENDENT LIVING

Commitment Date: _____ **Anticipated Direct Care Release Date:** _____
Targeted Parole Release Date: _____ **Does the youth have a valid VA ID?** Choose an item.
MHSTP Status: Choose an item. **Educational Status:** Choose an item.

List additional direct care or parole release details :

List potential opportunities to engage with the DSP prior to release :

Explain the youth's adjustment to current placement and recent behaviors:

Provide details about the youth's involvement in educational and vocational programs, including certifications:

Sex Offender Registry Status (indicate registration status, last date of registration, and any special conditions):

Specific instructions for the proposed residential provider or IL program:

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REFERRING STAFF AND RELATED DJJ CONTACTS

Referring Staff Name:	Title:
Email:	Phone:
Supervisor's Name:	Title:
Email:	Phone:
Other Staff Name:	Title:
Email:	Phone:
Other Staff Name:	Title:
Email:	Phone:

SUPERVISOR REVIEW AND APPROVAL

I verify this referral was staffed with my supervisor on this date: _____

Other notes/general comments:**This form must be emailed to the assigned RSC company with the documents below attached:****For all referrals, the current:**

- BADGE Face Sheet
- Release of Information
- YASI Screen or Assessment (Wheel)

For all Probation, Parole, and Direct Care referrals:

- YASI Behavioral Analysis (ABCD)
- YASI Narrative
- Social History
- Case Plan

For all GPS/EM referrals: [GPS Referral Guidelines Form](#)

Check additional items attached:

- | | |
|--|---|
| <input type="checkbox"/> BADGE Offense History | <input type="checkbox"/> JCC Progress Reports |
| <input type="checkbox"/> Court Order | <input type="checkbox"/> MHSTP |
| <input type="checkbox"/> Intake History/Police Reports (for assessments/evaluations) | <input type="checkbox"/> IEP |
| <input type="checkbox"/> Prior Assessments (e.g., CANS) | <input type="checkbox"/> Other Relevant Documentation |
| <input type="checkbox"/> Prior Screenings (e.g., MAYSI, SEAS, SASSI) | <i>Attach additional pages as needed.</i> |

Send the referral and supporting documents to:

Eastern: VAServices-Referrals@amikids.org
Southern: VAServices-Referrals@amikids.org
Western: VAServices-Referrals@amikids.org
AMIKids Resources: www.amikidsvirginia.org

AMIKids Provider Directory

<http://www.amikids.org/amikids-virginia/vendor-directory>



Central: RSCCentral@ebanetwork.com
Northern: RSCNorth@ebanetwork.com
EBA Resources: <https://evidencebasedassociates.com/>

EBA Provider Directory

<http://vamap.evidencebasedassociates.com>

PROVIDER NOTES AND INSTRUCTIONS

**This referral form includes a brief overview of the youth and service(s) as requested from the referring DJJ staff member, but does not reflect the final service(s) as authorized by the RSC company. Please refer to the approved service authorization (POSO) issued by the RSC company for documentation on the authorized service(s) and dosage.*

Regional Service Coordination Company Notes (internal use only):