St. John Bosco Child and Family Services
P.O Box 349 Wallkill, NY 12589
Office (845) 256-8331 Fax (845) 853-1080
Email: jfillette@stjohnboscocfs.org

Dear Colleague,

Thank you for considering St. John Bosco Child and Family Services as a resource for a child in need of placement. Attached you will find an application for use in referring children to our agency. In order to expedite the admission process, we ask that you provide us with as much information as possible so that we can consider the Referral most thoughtfully. In addition to completing the application, we ask that you provide as much of the following material as possible:

1. Psychiatric Assessment
2. Psychological Evaluation
3. Psycho-Educational Evaluation
4. Medical Evaluation
5. Psycho-Social Evaluation
6. Current Family History
7. Individual Education Plan (if applicable)

We understand that not all of the information may be available due to the range of circumstances surrounding children coming into care or the custody of OCFS. With this in mind, and in the best interests of children who are awaiting placement, a decision may be rendered without all of the above information. This will only occur if the situation mandates it, and we are provided with all of the information about the child that OCFS or DSS workers have access to.

After a child is found appropriate for placement at St. John's, but prior to placement, we must receive the following information:

1. Medicaid Card (or other health coverage)
2. Immunization and Allergy Record
3. Copy of Uniform Case Record
4. Original Birth Certificate/ Social Security Card

Please contact Jon Fillette, Intake Coordinator, at (845) 489-3306 if you require any further information regarding our agency or the admission process.

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Referral Application

Child's Name_____ Date of Birth_____ Age_____

Current Living Address_____

Social Security Number_____

Medicaid Number_____

Religious Preference_____

Family of Origin_____
(Mother) (Father)

Siblings (Name and age)_____

_____

Referral Contact_____ Phone_____

DSS Supervisor_____Phone_____

Has the child physically endangered himself/herself or others? Yes___ No___ If yes,

please provide details:_____

Has the child destroyed property? Yes___ No___ If yes, please provide details:_____

_____

Has the child previously attempted suicide, evidenced through gestures or talk, or demonstrated self-abusive behaviors? Yes___ No___ If yes, please provide details:

_____

_____

Has the child displayed inappropriate sexual behavior? Yes___ No___ If yes, please provide details:

_____

_____

Does the child have any physical problems or take medication? Yes___ No___

If yes, please provide details:

_____

_____

Please note other agencies that are working with the child:

_____

_____

Please list significant events (if any) in the child's developmental history:

1._____

2._____

3._____

Please list the child's hobbies and interests and/or any extra-curricular activities:

!._____ 4._____

2._____ 5._____

3._____ 6._____

Who is the most significant person in the child's life? What is their relationship to the child?

How frequent is the contact?

_____

_____

Is there someone to whom the child is significant? _____

Does the child have any significant friends?_____

Was there a significant incident that resulted in the child being removed from the home? Describe:
_____

_____

What is the antecedent to the child acting out, and what behaviors are typically displayed?

_____

_____

Are there specific, effective behavior management strategies in place? Describe.

_____

_____

What is the permanency goal for the child, and what objectives need to be accomplished to achieve this goal? _____

_____

What are your agency's and/or family's expectations of the program at St. John Bosco Child and Family Services?_____

_____

Has the child/family been seen by therapists? Yes___ No ___ If yes, who did the child/family see? When? Current status? (Attach reports) _____

_____

Has the child been abused (sexually/physically/ritualistically/etc.)? Yes___ No___

If yes, please explain and provide any founded/significant reports or allegations, etc. _____

_____

Is there a history of substance abuse by the child and/or a family member?_____

_____

Does the child receive SSI benefits? _____

Does the child have pending legal/court issues? Yes___ No___ If yes, please explain. _____

_____

Has the child had an evaluation that accurately portrays his/her current emotional state and needs? Yes___ No___ If yes, please include diagnosis:_____

Date of evaluation:_____ Evaluator:_____

Date of last medical examination:_____ Dr._____

Date of last dental examination:_____ Dr._____

Educational Information:

Educational Diagnosis:_____

Current Classroom Placement:_____

Current School:_____

School District:_____ Last grade completed_____

Has the child repeated a grade? Yes___ No___ If yes, which grade? _____

Other pertinent educational information:

_____

_____

_____

Please note current placement and reason for termination/potential admission date:

_____

_____

Placement History	Type of Setting	Dates
1._____	_____	_____to_____

Reason placement was terminated/ended:

_____

_____

Placement History	Type of Setting	Dates
2._____	_____	_____to_____

Reason placement was terminated/ended:

_____

_____

Placement History	Type of Setting	Dates
3._____	_____	_____to_____

Reason placement was terminated/ended:

_____

_____

Placement History	Type of Setting	Dates
4._____	_____	_____to_____

Reason placement was terminated/ended:

_____

_____

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Medical Consent Form

In the event of the need for medical diagnosis or treatment, medication or hospitalization of my son/daughter_____, whom you are taking care of, I hereby give my permission to your Executive Director, or his representative, to give the necessary authorization and consent to the rendering of such care. This care shall include, but is not limited to, diagnostic procedures, anesthesia, surgical and medical treatment, and blood transfusion, by authorized members of the hospital staff, or their designees, as may in their professional judgment be necessary.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatments on my son/daughter's condition.

I expect efforts to contact me will be made as soon as possible in the event of an emergency.

_____ _____

Parent/Guardian Date

Family Medical and Hospitalization Coverage:

Name of Plan: _____

Health Insurance Company: _____

Name of Policy Holder: _____

Medicaid Coverage: _____

Medicaid Number: _____

DSS Case Number: _____

This authorization shall remain in effect for twelve (12) months from the date quoted.

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Emergency Medical Release Form

In the event of a medical emergency, I hereby give permission to St. John Bosco to obtain medical and surgical treatment for_____.
I authorize transportation to a hospital, where required, and treatment by a physician or surgeon selected by the hospital. I also agree that St. John Bosco may release information to the hospital or physician as may be required and/or necessary for treatment of this patient.

I/we hereby agree to release, save and hold harmless St. John Bosco from any liability resulting from the above.

_____ _____

Resident **Or** **Signature of authorized person to act on resident's behalf**

Date:_____

_____
Name (please print)

_____
Date

_____
Relationship

_____

_____
Address (include city/state/zip code

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Exchange of Information Consent

Date:_____

I hereby authorize St. John Bosco Child and Family Services to exchange information regarding my family and my son/daughter_____ with the following:

Psychiatrist	**School**	**Family Court**
Psychologist	**Hospital**	**Social Agency**
Physician	**Clinic**	**Social Worker**

I understand that such information will only be exchanged if St. John Bosco Child and Family Services feels it is in my child's best interest.

_____ **_____**

Witness **Name**

_____ **_____**

Date **Date**

Address_____

_____

I concur with the above_____

Children age 14 and above

This authorization shall remain in effect for twelve (12) months from the date quoted.