

**OKLAHOMA KIDS' CARENET**

Lacinda Daugherty, Project Director  
Systems of Care  
NorthCare  
4436 N.W. 50<sup>th</sup> Street  
Oklahoma City, OK 73112  
(405) 858-2700 / fax (405) 858-2880

**REFERRAL/INFORMATION PACKET**

Oklahoma Kid’s CareNet is a collaborative project formed to provide a comprehensive spectrum of services to emotionally impaired children, adolescents, and their families. Services are child-centered, family-focused, and community based.

The initial screening questions on the attached referral are criteria for involvement in the project. The project’s referral team will review the referral and make the determination of approval into the project. Upon arrival the family will be contacted by a care coordinator and/or family advocate for beginning the needed wraparound services. If the child is not accepted into the project, appropriate and timely referrals will be made for alternative services.

**INSTRUCTIONS: Please have the parent/guardians read and initial the following:**

I understand that the following referral and release forms will be reviewed by a referral team for approval into the Oklahoma County Systems of Care project.

Parent/Guardian Initials \_\_\_\_\_

I understand that if my child is not approved for the systems of care, our family will be referred to other possible services and the release becomes null and void.

Parent/Guardian Initials \_\_\_\_\_

I understand that if a Family Team is not developed within one month of the Strengths, Culture, Needs, Discovery, a more appropriate referral will be made.

Parent/Guardian Initials \_\_\_\_\_

# Oklahoma Systems of Care Initiative Referral Form

Referring Agency: \_\_\_\_\_ Date of Referral: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referring Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Original referral source, if different from above: \_\_\_\_\_

## **Youth Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Sex: \_\_\_\_ School: \_\_\_\_\_ School Phone: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **Indicate if the youth is:**

DHS:  Involved  In custody DHS worker/phone: \_\_\_\_\_ / \_\_\_\_\_

OJA:  Involved  In custody OJA worker/phone: \_\_\_\_\_ / \_\_\_\_\_

In substance abuse or mental health treatment  Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Receiving other services (specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On medications (please list): \_\_\_\_\_

\_\_\_\_\_

## **Initial Screening – Please check all that apply**

- The youth has behavioral/emotional symptoms that suggest a diagnosable emotional disorder.
- The youth has a significant difficulty that has lasted or is expected to last for a year or more due to her/his serious emotional disturbance.
- The youth needs, has received or has requested services or support from two or more systems.
- The youth is at risk of out-of-home placement or out-of-school placement due to the impact of the serious emotional and/or behavioral disturbance.
- The youth and her/his parent, guardian or foster parent reside in a county served by the Oklahoma Systems of Care Initiative.
- The family volunteers for this service and agrees to participate actively.

**General mental health / diagnosis comments**

---

---

---

---

**Risk Factors** *(please check all that apply)*

**Youth Factors**

Runaway / leaving home without permission

Chronic illness

Withdrawal from family, social activities

Self-abusive behavior

Recent dramatic changes in eating habits, sleep pattern or body weight

Repeated incidents of lying, stealing, property destruction

Age or developmentally inappropriate bed-wetting or soiling

Physical aggression toward authority figures, family members, peers

Inappropriate sexual behavior

Intentionally hurts others

Perpetrator of sexual abuse

Intentionally hurts animals

Victim of sexual abuse

Sets fires

Victim of physical abuse

Involvement in criminal activity

Use or abuse of alcohol or drugs

Declining school grades, truancy, poor attendance

Attempted suicide or suicidal thoughts

School suspensions / expulsions

Hallucinations – aural, visual or tactile

Developmental delays

History of inpatient psychiatric hospitalization(s)

History of neglect

**Caregiver / Family Factors**

- |  |   |
|--|---|
| <input type="checkbox"/> Chronic physical illness in family<br><br><input type="checkbox"/> <b>Family history</b> of mental illness, psychiatric hospitalization or substance abuse<br><br><input type="checkbox"/> Suicide attempts ( <b>other than youth</b> )<br><br><input type="checkbox"/> Victim of physical abuse ( <b>other than youth</b> )<br><br><input type="checkbox"/> Victim of sexual abuse ( <b>other than youth</b> ) | <input type="checkbox"/> Parental incarceration<br><br><input type="checkbox"/> History of domestic violence<br><br><input type="checkbox"/> Poverty<br><br><input type="checkbox"/> Other children in foster care<br><br><input type="checkbox"/> Youth exposed to substance abuse in the home |
|--|---|

**Members of the Youth's Household**

Name	Relation to Youth	Age	Name	Relation to Youth	Age

**Other Information**

How can this youth and her/his family benefit from their involvement with Systems of Care? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What other information about the youth and her/his family do you feel would be helpful to Systems of Care staff?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

