

Referral for Residential Placement at the William George Agency

Referral Source

<input type="checkbox"/> Department of Social Services <input type="checkbox"/> OCFS <input type="checkbox"/> Committee on Special Education	
Referring Agency/County:	Caseworker:
Caseworker Email:	Caseworker Phone Number:
Child's Current Location:	

Demographic Information of Youth Being Referred:

Child's Name:	Date of Referral:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Parent/Guardian Name and Phone Number:	

Legal Information

Placement Type: <input type="checkbox"/> JD <input type="checkbox"/> PINS <input type="checkbox"/> Voluntary <input type="checkbox"/> Freed for Adoption <input type="checkbox"/> Neglect <input type="checkbox"/> CSE <input type="checkbox"/> Other		
Next Court Date:	Location of Court:	Custody Expiration Date:

Educational Information

Last School Attended:	Current Grade Level:
Does the child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Classification:

Previous Placement History

Name of Placement:	Date Placed & Date Removed:	Reason for Removal

Mental Health & Substance Abuse Information

	Yes	No		Yes	No
Substance Abuse History	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal Ideation	<input type="checkbox"/>	<input type="checkbox"/>
Gang Involvement	<input type="checkbox"/>	<input type="checkbox"/>	Self-Harming Behaviors	<input type="checkbox"/>	<input type="checkbox"/>
Weapons or Assault history	<input type="checkbox"/>	<input type="checkbox"/>	History of Psychiatric Hospitalizations	<input type="checkbox"/>	<input type="checkbox"/>
History of Assault Against Staff	<input type="checkbox"/>	<input type="checkbox"/>	AWOL History	<input type="checkbox"/>	<input type="checkbox"/>
Fire Setting Behavior	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Behavior Issues	<input type="checkbox"/>	<input type="checkbox"/>
Victim of Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Victim of Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>

Brief Summary Detailing Child's History

Additional Documents Required:

- Documents characterizing the circumstances leading to placement (PDI, supplemental summary to the court, police reports)
- Documents characterizing the child's living circumstances and social history (PDI and/or psychological evaluations are often sufficient; in their absence, please add a paragraph to this referral page)
- Current IEP (if classified) and current transcript or report card
- Discharge summaries from previous placements, psychiatric hospitals or rehabs
- Adjustment reports from detentions, if available
- Psychological and other evaluations (educational, substance abuse, neuropsychological, medical or psychiatric)
- Psychiatrist's reports indicating current diagnosis and treatment recommendations, including medications
- Medical documentation of any impairing conditions

At the time of admission, more information is required, including the child's immunization record, most recent medication administration record (MAR), as well as copies of the child's birth certificate, Social Security card and insurance cards. If the school transcript has not already been supplied, we will need it at this point.

Please fax all referral information to the Admissions Department at 607-844-3764 or email to Chris MacCormick, Admissions Director at maccormick@gjrmail.com