



INTAKE FORM

THANK YOU FOR YOUR INTEREST IN REFERRING A YOUTH TO RAWHIDE.

Please complete this form, attach any necessary paperwork and send to info@rawhide.org. To complete the process, our Intake Specialist will reach out for additional information for a thorough assessment of the referred youth.

REFERRING COUNTY

Name of worker referring: _____

Name of ongoing caseworker (if different): _____

Email: _____ Phone: _____

Type of referral (e.g., CPS, JIPS, delinquency, etc.): _____

Duration intended (Preferred start date): _____

Program for Rawhide placement*:

- Standard Residential (Boys 11-17 years old) Group Home (Boys 13-17 years old; prefer ages 16 & 17)
 About Face (Job Corps-like program unit) Unsure

**Rawhide does not currently offer Treatment Foster Care (TCF) placements. Please contact Heather Kahl at hkahl@rawhide.org with questions.*

YOUTH

Full legal name: _____ Date of Birth: _____

Height: _____ Weight: _____ Ethnicity: _____ Language spoken: _____

Current placement location: _____

Medicaid No.: _____ Is insurance activated? Yes No

Prescribed medications: _____

Mental health diagnosis: _____

ADDITIONAL INFO

Please attach any of the following forms**:

- Hospital records for inpatient placements History of past placements with dates/summaries Police reports
 Psychological exam School records Permanency Plans Court records; Petitions A and B

***You may still send the intake form if you do not have these documents available. Our Intake Specialist will be in touch after reviewing the referral to connect and gather additional items.*