



# 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](mailto: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)

Group Home – Peshtigo     Day Count (Job Corps – like program unit)     Unsure

*\*Rawhide does not currently offer Treatment Foster Care (TCF) placements. Please contact Heather Ross at [hross@rawhide.org](mailto:hross@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.*