Council on Children and Families

NEW YORK STATE COUNCIL ON CHILDREN AND FAMILIES (CCF)

Interagency Resolution Intake Form

(Please fill out as completely as possible. Sections with (*) are required.)

The Interagency Resolution Unit helps to facilitate children/youth and their families receiving the most appropriate community-based or residential services. Requests for assistance may be made by self-referral, parents/caregivers, school districts, local departments of social services, hospitals, state agencies, or other organizations and advocates.

Contact Information (*)

Name of Person Making Referral:

Relationship to Child/Youth: **Organization (**if applicable**):**

Referral Date: **Phone:** **Email:**

Referral Details (*)

Reason for Referral:

Service/ Placement Barriers:

Child/Youth Information (*)

First Name: **Last Name:** **Gender Identity:** Select...

Date of Birth: **Sex on birth certificate:** **Specify:**

Race: (*) (Select only one)

☐ Black or African American ☐ Multiracial Asian: Select...

☐ American Indian or Alaska Native ☐ White Pacific Islander: Select...

Ethnicity: (*)

☐ Hispanic ☐ Non-Hispanic

Language: (*)

☐ Fluent in English

Primary Language: Select... Other Specify: Means of Communication:

Legal Address of Child/Youth: (*)

Street: City:

State: NY Zip: County: Select...

Placement at Time of Referral (*)

☐ Living with Parent(s) ☐ Living with Relative ☐ Living Independently

☐ Foster Care ☐ Crisis Residence ☐ Living in Shelter/Respite

☐ Hospital ☐ Emergency Department ☐ Juvenile Detention Center

☐ Residential Placement (Specify)

Placement Contact Name: **Contact Number:**

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Parent/Caregiver Information (*)

Name:		Name:	
Phone:		Phone:	
Email:		Email:	
Address:		Address:	
City:	State: NY Zip:	City:	State: NY Zip:

Strengths

Youth:

Family/Caregiver:

Medical & Behavioral Health Conditions

Care Needs (*)

Emotional/Behavioral

Depression: Y N
Anxiety: Y N
PTSD: Y N
Impulsive/Hyperactive: Y N
Psychosis: Y N
Aggressive/Assaultive: Y N
Substance Use: Y N
Attachment Difficulties: Y N
Suicidal Ideation: Y N
Homicidal: Y N
Destruction of Property: Y N
Truancy: Y N
Defiant/Oppositional: Y N
Cruelty to Animals: Y N
Sexually Inappropriate: Y N
Other Specify:

Trauma

Sexual Abuse: Y N
Physical Abuse: Y N
Neglect: Y N
Emotional Abuse: Y N
Witness to Family Violence: Y N
Witness to Comm Violence: Y N
Caregiver Attachment/Losses: Y N
Other Specify:

Psychosocial/Environmental

Problems–Primary Support: Y N
Problems–Social Environment: Y N
Problems–Health Care: Y N
Problems-Educational: Y N
Problems-Housing: Y N
Problems-Economic: Y N
Other Specify:

Developmental Needs

Autism: Y N
Cerebral Palsy: Y N
Cognitive: Y N
Daily Living Skills: Y N
Developmental Disability: Y N
Speech Language: Y N
Fine Motor: Y N
Mobility Gross Motor: Y N
PICA: Y N
Self-Care: Y N
Self-Direction: Y N
Sensory: Y N
Social Skills: Y N
Traumatic Brain Injury: Y N

Additional Information (*)

Intellectual Functioning (IQ)

- ☐ Very Superior (130+)
- ☐ Superior (120-129)
- ☐ High Average (110-119)
- ☐ Average (90-109)
- ☐ Low Average (80-89)
- ☐ Borderline (70-79)
- ☐ Mild Intel Dis (55-69)
- ☐ Moderate Intel Dis (40-54)
- ☐ Severe Intel Dis (25-39)
- ☐ Profound Intel Dis (below 25)

Special Care/Medical

Assistive Technology: Y N
Nursing: Y N
Medication Administration: Y N
Hearing: Y N
Vision: Y N
Diabetes: Y N
Seizures: Y N
Other Specify:

Additional Information (continued)

High Risk Alerts	CPS Involvement	Child/Youth Legal Custody	Child/Youth Legal Status
Self-Injurious Y N Danger to Others Y N Sexual Aggression Y N Runaway Y N Delinquent Behaviors Y N Fire Setting Y N Medical Y N Sex Trafficking Y N	Current CPS Y N	Biological Parents Y N Adoptive Parents Y N Grandparents Y N Family/Legal Guardians Y N Local DSS Y N Emancipated Minor Y N Other Specify:	PINS Y N PINS Diversion Y N Probation Y N Juvenile Delinquent Y N Juvenile Offender Y N Family Court Y N Charges Pending Specify: Adolescent Offender Y N

Education (*)

School District: Select... **School Name:**

Committee on Special Ed Classification	Diploma Type Expected	Current Education Placement
☐ No Classification ☐ Autism ☐ Deaf Blindness ☐ Hearing Impairment ☐ Intellectual Disability ☐ Orthopedic Impairment ☐ Other Health Impairment ☐ Emotional Disability ☐ Speech or Language Impairment ☐ Specific Learning Disability ☐ Traumatic Brain Injury ☐ Visual Impairment (include blind) ☐ Multiple Disabilities ☐ Deafness	☐ NYS Alternate Assessment ☐ Regents Diploma ☐ High School or Equivalency ☐ Skill and Achievement Credential ☐ Local Diploma ☐ Career Development and Occupational Studies	☐ General Education ☐ Integrated Class ☐ Self-Contained ☐ BOCES ☐ 853 Day School ☐ Day Treatment ☐ 853 Residential School ☐ Vocational Training ☐ Children's Residential Project (CRP) ☐ GED Program ☐ High School Graduate ☐ Home Instruction/Tutoring ☐ Other Specify:
☐ 504 Plan		

School Contact

Name:

Phone: Email:

Current Services (*)			
OPWDD	**OMH**	**OCFS**	**OASAS**
☐ Family Support Services	☐ Outpatient Clinic	☐ Prevention Services	☐ Article 32 Clinic
☐ Self-Direction	☐ School Based Clinic	☐ Group Home	☐ Addiction Treatment Center
☐ Waiver HCBS	☐ Intensive Outpatient Clinic	☐ Foster Care Home	☐ Other
☐ Health Homes-CCO	☐ Day Treatment	☐ Secure Juvenile Detention Facility	**DOH**
☐ CSIDD (Crisis Services for Individuals w/ Intellectual and/or Developmental Disabilities)	☐ CPEP (Comprehensive Psychiatric Emergency Program)	☐ Non-secure Juvenile Detention Facility	☐ Emergency Department
☐ Respite Services	☐ Mobile Crisis	☐ Limited-secure Juvenile Detention Facility	☐ Specialty Medical Care
☐ Community Habilitation	☐ CFTSS (Children and Family Treatment and Support Services)	☐ Qualified Residential Treatment Program	☐ Inpatient Hospital
☐ Children Residential Program	☐ Crisis Residence	☐ Residential Treatment Center	☐ Health Home (HHCM)
☐ Family Care Setting	☐ Community Residence	☐ Empower	☐ Other:
☐ IRA (Individual Residential Alternatives)	☐ RTF (Residential Treatment Facility)	☐ Other:	
☐ Intermediate Care Facility	☐ Inpatient Hospital		
☐ Supported Housing	☐ Other:		
☐ Article 16 Clinic			
☐ Resource Center			
☐ Other:			

Current Provider(s) (*)			
Contact Name 1:		Agency:	
Phone:		Email:	
Contact Name 2:		Agency:	
Phone:		Email:	
Contact Name 3:		Agency:	
Phone:		Email:	
Contact Name 4:		Agency:	
Phone:		Email:	
Contact Name 5:		Agency:	
Phone:		Email:	
Contact Name 6:		Agency:	
Phone:		Email:	