

ALTA PROGRAM REFERRAL

ALTA accepts JJS custody males, (and JJS females in the Gemstone Unit) ages 16-20, who are on their 0-90 (or by Program Director approval). Youth must be working toward consistency in the action stage of change. Youth may be excluded if actively suicidal, displaying active psychosis, are actively assaultive, or sexually acting out. Determination of youth placement into this program will be made through a Child and Family Team Meeting **at least 30 days prior** to release.

Youth's Name :	Case #:	Age:	DOB:
Social Security #:	0-90 Projected Start Date:	Referral Date:	
Case Manager:	Parent/Guardian:	Parent/Guardian (2):	
Phone #:	Phone #:	Phone #:	
Cell/Emergency #:	Address:	Address:	
Supervisor:	Email:	Email:	
Supervisor Phone #:	Insurance Company:	Insurance Company:	
Supervisor Cell/Emergency #:	Policy Number:	Policy Number	

PRIORITIZED DYNAMIC RISK FACTORS:

1.	2.	3.	4.
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PROTECTIVE FACTORS:

1.	2.	3.	4.
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BEHAVIOR AND INDIVIDUAL TREATMENT NEEDS:

CRIMINOGENIC NEEDS:



MENTAL HEALTH AND THERAPY:

Mental Health Issues:

Family Therapy Needs:

Individual Therapy Needs:

Families First Worker:

Request for TAL Therapist Support:

Therapist:

Therapist:

Families First Phone #

Therapist Phone #:

Therapist Phone #:

MEDICATION, MEDICAL AND DENTAL

Name of Medication(s):

Describe medical problem(s):

How long has youth been taking above medications:

Describe dental problem(s):

Physician prescribing medication:

Does Medicaid insure the youth?

Yes

No

Other health records:

EDUCATION:

Current grade level/credits:

ETCA:

School placement projection:

Safe school violations:

Education Summary:

CONCERNS, CHECK ALL THAT APPLY:

Psychiatric Issues

Sexual Abuse History

Physical Abuse History

Substance Use History

Assaultive History

AWOL Runaway

Family Issues

Suicidal Ideation

Antisocial Peers

No Contact Orders

Summary of Concerns: