

House of New Hope

RECEIPT OF REFERRAL INFORMATION

Client: _____ DOB: _____ Age: _____

According to the referral information provided by the custodial/placing agency, the client has been known to exhibit the following behavior within the past 6 months:

- _____ Physically assaultive behavior
- _____ Sexually aggressive behavior
- _____ Abuse Victim (sexual or physical)
- _____ Major property damage
- _____ Theft or other criminal activity
- _____ Substance abuse/dependence
- _____ Other: _____
- _____ Suicidal attempt/gesture
- _____ Hallucinations and/or delusions
- _____ Fire setting
- _____ Cruelty to animals
- _____ Medication: _____
- _____ Health Issues: _____

It is also known that within the past year, the child/youth has been:

- _____ Hospitalized for a mental/emotional disorder
- _____ On probation/parole
- _____ Incarcerated for a criminal offense
- _____ Other: _____

Special transportation requirements:

Special instructions communicated to the foster parent at the time of referral:

My signature acknowledges that I have received a copy of the referral information for the client listed above and that all referral information had been read to me by the HONH placement department representative prior to accepting this child/youth into my home.

Foster Parent: _____ Date: _____

Foster Parent: _____ Date: _____