**\*\*\*Please complete this form fully and include any supporting documents. Documents could include but are not limited to Family Service Plan, PSR, IEP/504/BIP, Psychological evaluations, police reports, prior placement notes, etc.\*\*\***

1. Referral Source:
2. Funder of placement:
3. Timeline of need for placement:
4. Expected length of stay:

***About the Youth:***

1. Name of youth:
2. DOB/Age:
3. Current Location:
4. Reason for placement need:
5. Pending charges:
6. Criminal charges:
7. Mental Health Diagnosis:
8. Medical Diagnosis:
9. Medication:
10. Medicaid number:
11. SOMB? Y/N:
12. Substance Use/Abuse:
13. IEP/504? Y/N:
14. Full Scale IQ:
15. AWOL Behaviors:
16. Any Additional comments/information to consider in placement:

Please reach out if you have any questions.

Griffith Centers-QRTP Residential Referral

Colorado Springs, CO 80909

email- residentialreferrals@griffithcenters.org

720-656-4981 (Cell)

719-640-1719 (Main)