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:

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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:

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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:	