



# JULIA PAIGE

## FAMILY CENTER

Kathryn LePage, Administrator  
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### Referral Information Questionnaire

Youth's First and Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

Grade: \_\_\_\_\_

\*JPFC is licensed as a Female Program

Custody Holder: \_\_\_\_\_

Youth's Current Living Arrangement: \_\_\_\_\_

\_\_\_\_\_

Youth's Current Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Any Cognitive Delays? If so, what is their IQ? \_\_\_\_\_

\_\_\_\_\_

Are there any health concerns JPFC should be aware of? (Ex: eating disorder, pregnancy, allergies, epilepsy, diabetes, braces, etc. JPFC cannot accommodate those who are bed bound or medically fragile.) \_\_\_\_\_

\_\_\_\_\_

Current Medication(s): \_\_\_\_\_

\_\_\_\_\_

Youth's Current Behavior Concerns (i.e., aggressiveness, self-harm, defiant, truancy drug use/abuse, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Strengths/Positive Attributes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Short Historical Narrative: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated Step-Down Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would there be visits occurring when/if admission is approved? If so, with whom and where would these visits take place? Who will be responsible for transportation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What county and agencies will be involved with this placement: \_\_\_\_\_  
\_\_\_\_\_

Will the youth have clothing brought with them? If not, will there be a voucher available for clothing? What store would the voucher be for? \_\_\_\_\_  
\_\_\_\_\_

Who will be responsible to pay the per diem for this placement: \_\_\_\_\_  
\_\_\_\_\_

Any other details that would be critical to the child's care and placement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Once JPFC has the information from the questionnaire, we will have a better understanding if the youth could work in our program with our current population.

If we believe, based on the questionnaire information, that the youth could work in our program Kathryn Lepage, our administrator, would want to interview the youth as well as the parent/guardian, if possible.

Once the interview occurs, then a decision will be made on acceptance into the program. Please email this completed questionnaire to Kathryn at [kathrynlepage@jpfamilycenter.net](mailto:kathrynlepage@jpfamilycenter.net).