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| **EXCLUSIONS:** *Please review exclusions before completing this referral* |
| * Youth living independently, or youth for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends, and other potential surrogate caregivers.
* Youth referred primarily due concerns related to suicidal, homicidal, or psychotic behaviors.
* Youths whose psychiatric problems are the primary reason leading to referral, or who have severe and serious psychiatric problems.
* Juvenile sex offenders (sex offending in the absence of other delinquent or antisocial behavior).
* Youth with moderate to severe difficulties with social communication, social interaction, and repetitive behaviors, which may be captured by a diagnosis of autism
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| **YOUTH / FAMILY INFORMATION** |
| Referral Date:  | Youth Name:  |
| Date of Birth (Age 12-17):  | Address:  | Jurisdiction:  |
| Tel:  | City: | State: | Zip: |
| Legal Status: | School: |
| Funding Source: (dropdown here) | PO#: |

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| **Please list all key participants:** |
| **Key Participants**  | **Name**  | **Email** | **Phone#** |
| Referral Source:  |   |  |  |
| Parent/Guardian/Caregiver:  |   |  |  |
| Household member names:  |   |  |  |
| Probation Officer:  |   |  |  |
| CSB Rep:  |   |  |  |
| DFS Rep:  |   |  |  |
| School Rep: |  |  |  |
| Family Support Partner |  |  |  |
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| **Please place an “H” in areas you see as having highest priority. Please place “T” in other target areas.** |
| **Desired Outcomes for referral to MST services** |
| NA | Prevent out of home placement.  | NA | Improve family communication and cohesiveness. |
| NA | Retain in school/vocational efforts | NA | Improve family problem solving skills. |
| NA | Improve school attendance. | NA | Improve family behavioral management skills. |
| NA | Improve academic functioning  | NA | Reduce substance use. |
| NA | Improve youth pro-social involvement and peer relationships. | NA | Reduce aggressive and/or criminal behaviors. |
| NA | Other: Click or tap here to enter text. |

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| **Please check all that apply** |
| **Youth Behavioral Characteristics**  | **Youth-School Characteristics**  |
|[ ]  Violent/physically aggressive behavior  |[ ]  Expelled or dropped out of formal education  |
|[ ]  Verbally aggressive or threatening behavior  |[ ]  Attending alternative school setting – not mainstream  |
|[ ]  Robbery, theft  |[ ]  Multiple suspensions for problem behavior  |
|[ ]  Vandalism, destruction of property  |[ ]  High association with antisocial school peers  |
|[ ]  Drug-related criminal offending  |[ ]  Low affiliation with prosocial school peers  |
|[ ]  Drug use  |[ ]  Poor relationships with school staff  |
|[ ]  Running away  |[ ]  Attendance problems  |
|[ ]  Non-compliance with probation or court order  |[ ]  Academic problems – risk of failure  |
|[ ]  Non-compliance with family rules & expectations |  |   |
| **Youth-Peer Characteristics**  | **Other** |
|[ ]  Gang membership or strong affiliation  |[ ]  Other: Click or tap here to enter text. |
|[ ]  High affiliation with mostly antisocial peers  |[ ]  Other: Click or tap here to enter text. |
|[ ]  Mixed antisocial and prosocial peers  |[ ]  Other: Click or tap here to enter text. |
|[ ]  Low affiliation with prosocial peers  |[ ]  Other: Click or tap here to enter text. |

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| **PLEASE ATTACH THE FOLLOWING IN YOUR REFERRAL PACKET IF AVAILABLE** |
| [ ] Summary of Prior Offending [ ] Recent Mental Health Evaluation [ ] Recent Educational Evaluation[ ] CSA Consent to Exchange Information with MST [ ] Meeting Action Plan (MAP)[ ] IFSP / Plan of Care[ ] CANS |

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| **Disposition Decision (t*o be completed by MST Program Staff):***  |
|  [ ]  Accepted for MST Program Family Signed Agreement to Participate - Date Services Initiated: Click to enter a date. |
| [ ]  Not Accepted:  [ ] Inappropriate for MST Program  [ ] Service Not Available  [ ] Other Reason: |

**Please submit referral to:**

National Counseling Group (Manassas Office)

9301 Forest Point Circle Manassas, VA 20110

**Email**: referral@ncgcare.com **Phone**: 703-257-5997 **Fax**: 703-257-7518