

**Juvenile Justice Services Division  
Elwyn Initial Client Contact Referral Sheet**

Date of Phone Referral: \_\_\_/\_\_\_/\_\_\_ Date Referral Material Received: \_\_\_/\_\_\_/\_\_\_  
Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
D.O.B.: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
Legal Status: \_\_\_\_\_ Legal Problem(s): \_\_\_\_\_

Referral Source: \_\_\_\_\_ Other Contact(s): \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Agency/Support: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_ Additional #: \_\_\_\_\_ Fax: \_\_\_\_\_  
Additional Phone#: \_\_\_\_\_ Fax: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Other Collateral: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship/Agency: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Anticipated Funding Source: \_\_\_\_\_

Reason for Placement:

Current Placement: \_\_\_\_\_ How Long? \_\_\_\_\_  
Current School: \_\_\_\_\_ Home School District: \_\_\_\_\_  
Special Education (SE) or Reg (R) \_\_\_\_\_  
Previous Placements/Hospitalizations:

Diagnosis: Axis I: \_\_\_\_\_  
Axis II: \_\_\_\_\_  
IQ Scores: Full Scale: \_\_\_\_\_ Perf. IQ: \_\_\_\_\_ Verbal IQ: \_\_\_\_\_  
Axis III: \_\_\_\_\_  
Axis IV: \_\_\_\_\_  
Axis V: GAF \_\_\_\_\_

Placement Consideration: \_\_\_\_\_ Reviewers: \_\_\_\_\_