Spaulding Youth Center
Application for Referral

Student Name:			**DOB:**
Home Address:			
Referral Source:	☐ **SAU #_____**	☐ **DCYF/JJS Office _____**	☐ **Other _____**
Abuse/Neglect ☐	**Delinquency** ☐		**CHINS** ☐
Contact Person for Referral:	**Phone #:**		**Email:**
Current Residence or Placement:		**Program Requested:** **Day** ☐ **Residential** ☐ **Community Based Program** ☐	
Prior Placements:		**Number of Prior Placements since last home removal:**	
Guardians and Relationship to Student:			**Phone Number:**

Current Medications:

1._____ Reason:_____

2._____ Reason:_____

3._____ Reason:_____

4._____ Reason:_____

Reason for Referral:

Prior Hospitalizations:

Tel: 603-286-8901 ext. 202…Fax: 603-286-7511 pseawardsalvati@spauldingyouthcenter.org

Student Name:		**DOB:**
Educational Coding:	**Academic Grade:**	**History of Restraints:** Yes ☐ No ☐
Medical Diagnoses:		**Mental Health Diagnoses:**
Medication Allergies:	**Environment Allergies:**	**Food Allergies:**
Diet Needs:	**Glasses:** Yes ☐ No ☐	**Sleep Patterns:**
Significant Medical Needs:		**Self-Injurious Behavior:** Yes ☐ No ☐ **If yes, please explain:**
Seizures: Yes ☐ No ☐ **If yes, please explain and include seizure safety protocol:**		
OT: Yes ☐ No ☐	**PT:** Yes ☐ No ☐	**Speech:** Yes ☐ No ☐ **Device / System Needed:** Yes ☐ No ☐
Activity Restrictions (Inc. restraint): Yes ☐ No ☐ **If yes, please explain:**		**Fire Setting Behaviors:** Yes ☐ No ☐ **If yes, please explain:**
Sexualized Behaviors: Yes ☐ No ☐ **If yes, please explain:**		**Substance Use:** Yes ☐ No ☐ **If yes, please explain:**
Personal care supports needed: Yes ☐ No ☐ **If yes, please explain:**		
Swallowing concerns: Yes ☐ No ☐ **If yes, please explain:**		
Any additional pertinent information or contact restrictions: **Form completed by: _____ Date:_____**		

Revised Date_____ Please return completed form along with the appropriate documents requested in the checklist that follows to the Spaulding Youth Center Admissions Department. You may email it to the Director of Admissions, Pat Seaward-Salvati at: pseawardsalvati@spauldingyouthcenter.org or fax it to 603-286-7511 attention: Admissions. If you have further questions, our phone number is 603-286-8901 ext. 202. Thank you. v.190613

Spaulding Youth Center

Thank you for your recent inquiry to Spaulding Youth Center. Please send all existing relevant documents from the list below. Please return this checklist of what you have included. I will contact you when I have reviewed this information.

STUDENTS NAME: _____

EDUCATIONAL

YES	N/A	
_____	_____	A current Individual Education Plan and placement information;
_____	_____	All evaluations that support the student's special education eligibility within the last 3-year cycle (academic, social-emotional assessments, psychological evals., related service evals, adaptive behavior, intellectual, communication, motor ability, health evaluation, etc.)
_____	_____	FBA and BIP
_____	_____	School discipline records and school safety violations
_____	_____	School attendance record
_____	_____	School nurses reports/summaries
_____	_____	Hearing and Vision Screening

CLINICAL

YES	N/A	
_____	_____	Family history/summary/chronological history of agency contacts
_____	_____	Discharge reports
_____	_____	Incident reports/police reports
_____	_____	Reports from child/family support service providers

MEDICAL-REQUIRED UPON REFERRAL

YES	N/A	
_____	_____	Most recent pediatric visit note AND physical from PCP- *Please indicate if recent flu shot*
_____	_____	Immunization records
_____	_____	Neurological Evaluations if applicable
_____	_____	Current medication list from PCP
_____	_____	Evaluations from all specialists providing medical services
_____	_____	List of diagnoses, allergies, and special diets from PCP

REQUIRED FOR DCYF REFERRALS

YES	N/A	
_____	_____	Case Plan
_____	_____	Youth Info Sheet
_____	_____	Court Orders, court reports, and adoption history
_____	_____	List of previous placements and contact info

Please call me if you have further questions.

Sincerely,

Pat Seaward-Salvati, MS
Director of Admissions
Spaulding Youth Center
72 Spaulding Road
Northfield, NH 03276

SPAULDING YOUTH CENTER