

**REGION II HUMAN SERVICES  
YOUTH CARE COORDINATION  
REFERRAL FORM**

110 North Bailey  
P.O. Box 1209  
North Platte, NE 69103

PHONE: Sarah White (308) 350 - 0678  
FAX: (308) 532 - 1157  
sarahwhite@r2hs.com

Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Soc. Security #: \_\_\_\_\_ Language: \_\_\_\_\_  
Current Grade Level: \_\_\_\_\_ School: \_\_\_\_\_  
Legal Guardian Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Language Preference: \_\_\_\_\_  
Best time of day to contact Caregiver: \_\_\_\_\_ E-Mail: \_\_\_\_\_

- 
- 1) Is the youth a ward of the state? Yes No  
If yes, please list caseworker: \_\_\_\_\_
- 2) Is the youth or young adult on probation or at risk of such involvement? Yes No  
Please describe: \_\_\_\_\_
- 3) Is the youth or young adult at risk of school failure? Yes No  
If yes, explain: \_\_\_\_\_
- 4) Is the youth or young adult diagnosed with a mental health or behavior disorder? Yes No  
If yes, explain, include diagnosis and name of clinician: \_\_\_\_\_
- 5) Is the youth at risk of being removed from the home? Yes No  
If yes, explain: \_\_\_\_\_
- 6) Is the youth using alcohol, drugs or other illegal substances? Yes No  
If yes, explain, include frequency: \_\_\_\_\_
- 7) Does the youth demonstrate aggressive behavior (physical, verbal or sexual)? Yes No  
If yes, explain: \_\_\_\_\_

**Attach mental health assessment if applicable**

**Has the family agreed to referral and to participation in the wraparound process?** ☐ Yes ☐ No

**A release of information to Region II Human Services has been secured and attached.** ☐ Yes ☐ No

\_\_\_\_\_  
Signature of Referring Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone