

## MST PROGRAM REFERRAL FORM

Referral Date:	Youth Name:
Date of Birth (Age 12-17):	Address:
Tel:	
School:	Legal Status:
<b>Key Participants</b>	
<input type="checkbox"/> Referral Source:	<b>Name, Email, Telephone # (for each)</b>
<input type="checkbox"/> Parent/Guardian/Caregiver:	
<input type="checkbox"/> Household member names:	
<input type="checkbox"/> Probation Officer:	
<input type="checkbox"/> MH Worker:	
<input type="checkbox"/> Social Services/ Care Worker:	
<b>Youth Behavioral Characteristics</b>	
<input type="checkbox"/> Violent/physically aggressive behavior	<input type="checkbox"/> Expelled or dropped out of formal education
<input type="checkbox"/> Verbally aggressive or threatening behavior	<input type="checkbox"/> Attending alternative school setting – not mainstream
<input type="checkbox"/> Robbery, theft	<input type="checkbox"/> Multiple suspensions for problem behavior
<input type="checkbox"/> Vandalism, destruction of property	<input type="checkbox"/> High association with antisocial school peers
<input type="checkbox"/> Drug-related criminal offending	<input type="checkbox"/> Low affiliation with prosocial school peers
<input type="checkbox"/> Substance use	<input type="checkbox"/> Poor relationships with school staff
<input type="checkbox"/> Running away	<input type="checkbox"/> Attendance problems
<input type="checkbox"/> Non-compliance with probation or court order	<input type="checkbox"/> Academic problems – risk of failure
<input type="checkbox"/> Non-compliance with family rules & expectations	
<b>Youth-School Characteristics</b>	
<input type="checkbox"/> Other:	<input type="checkbox"/> Gang membership or strong affiliation
<input type="checkbox"/> Other:	<input type="checkbox"/> High affiliation with mostly antisocial peers
<input type="checkbox"/> Other:	<input type="checkbox"/> Mixed antisocial and prosocial peers
<input type="checkbox"/> Other:	<input type="checkbox"/> Low affiliation with prosocial peers
<b>Desired Outcomes for referral to MST services</b>	
<b>Please place an "H" in areas you see as having highest priority. Please place checkmark in other target areas.</b>	
<input type="checkbox"/> Prevent out of home placement.	<input type="checkbox"/> Improve family problem solving skills.
<input type="checkbox"/> Reduce aggressive and/or criminal behaviors.	<input type="checkbox"/> Improve family communication and cohesiveness.
<input type="checkbox"/> Retain in school/vocational efforts and/or improve school attendance.	<input type="checkbox"/> Improve family behavioral management skills.
<input type="checkbox"/> Improve academic functioning	<input type="checkbox"/> Improve youth pro-social involvement and peer relationships.
<input type="checkbox"/> Reduce substance use.	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

**PLEASE ATTACH THE FOLLOWING IN YOUR REFERRAL PACKET IF AVAILABLE**

Summary of Prior Offending     Recent Mental Health Evaluation     Recent Educational Evaluation

**EXCLUSIONS:**

- 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.

**Disposition Decision (To be Completed by MST Program Staff):**

Accepted for MST Program     Family Signed Agreement to Participate - Date Services Initiated:

Not Accepted:  Inappropriate for MST Program  Service Not Available  Other Reason:

**Please Submit referral form to: [CCS.MSTReferrals@ccs1967.org](mailto:CCS.MSTReferrals@ccs1967.org)**