

# Division of Children and Family Services



## Referral for Adolescent Sexual Adjustment Project Assessment

(To be completed by the FSW)



Complete the form along with a brief referral letter summarizing the case and need for referral including legal status of offense; indicate if language or deaf interpreter is needed. **Return to Specialized Services Unit by email or fax to (501) 683-1201.**

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ D.O.B./age: \_\_\_\_\_

Address: \_\_\_\_\_ Referral number(s): \_\_\_\_\_

Male     Female                       DHS custody     Other custody

Current placement description (e.g., parents' home, foster home, facility name, etc.):  
\_\_\_\_\_

Contact information for child's placement: \_\_\_\_\_  
If other, please list guardian and relationship to juvenile: \_\_\_\_\_

Are there TRUE FINDINGS of inappropriate sexual behavior?     Yes     No

List "true findings" (e.g. sexual penetration, sexual contact):  
\_\_\_\_\_  
\_\_\_\_\_

**List the child's:**

	Name	Phone Number(s)
Primary FSW		
Primary FSW Supervisor		
Secondary FSW		

List the child's **previous mental health providers** including any inpatient facility, outpatient facility, counselor, or therapist who has completed treatment with the child or performed psychological testing:  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have the child's? (If yes, please attach)**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Medicaid or Insurance Card   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Social Security Card   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Copy of I.E.P. from School   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Custody Order (if child is in DHS custody or anyone other than parent's custody) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any additional court orders  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| P.A.C.E. Evaluation  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safety Plan (if there is one)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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*Protecting the vulnerable, fostering independence and promoting better health*