

MST Referral Form Referral Date:			
Date of Birth (Ages 12-17):	Race/Ethnicity:		
Name of youth being referred:	Sex	Female	Male
School/Grade:			
Parent/Guardian Name & Phone No.:	Relationship to Child:		
Address:	Latest IQ Score:		
Youth Social Security Number:	Email address:		
<u>Referral Source</u>			
Internal BHC Staff Name:	Position:	Current LOC:	
External:			
☐ Social or CPS Case Worker Name/			
☐ Probation Officer Name/Phone:			
☐ Parent/Guardian Name/Phone:			
☐ MH Professional Name/Phone:			
☐ Law Enforcement Name/Rep/Phone:			
☐ School Staff/District Rep/Phone:			
☐ Household member Name/Phone:			

Youth Behavioral Characteristics	
Violent/physically aggressive behavior	Vandalism
Verbally aggressive or threatening behavior	Drug-related offending
Robbery, theft	Attendance Issues/Truancy
Selling substances	Expelled, dropped out, withdrew
Non-compliance with family rules	Multiple school sanctions i.e. suspension
Sexual offenses with other anti-social behavior	Engages, spends time with other antisocial peers
Substance use	Poor relationships with school staff
Poor relationships with those with authority	Lack of prosocial peers
Violation with probation or court order	Low or poor Academic performance/engagement
Running away	
Other:	

PROGRAM EXCLUSIONS:

- Youth living independently
- Youth with moderate to severe autism (I.e. difficulties with social communication, social interaction, and repetitive behaviors)
- Youth who are actively homicidal, suicidal, or psychotic
- Youth whose psychiatric problems are primary reason leading to referral, or who have severe and serious psychiatric problems
- Juvenile sex offenders (I.e. sex offending in the absence of other delinquent or antisocial behavior)
- Youth for whom an intellectual disability is the only influence or direct contributor to the youth's referral behaviors (I.e. this would include youth who are severely or profoundly intellectually impaired or with a moderate, severe, or profound intellectual development)

Referral currently receiving Betty Hardwick Services? Select one of the following

☐ Yes, BHC No.: ☐ No ☐ Unknown

Has family been informed about MST Services Referral? Select one of the following

Yes ☐ No ☐

Is there an active or open CPS case with the family? Yes ☐ No ☐

Please attach the following in your referral packet if available:

- Summary of Prior Offending
- Recent Mental health Evaluation
- Recent Educational Evaluation

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

- ☐ Accepted for MST Program
- ☐ Not Accepted/Inappropriate for MST Program:

Further Information or Inquiries:

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Please Send Referrals to:

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