

Please send referrals to:  
Intake Coordinator – Christina Troyer

Collier House  
386 Maple Place  
Keyport, NJ 07735

Phone: 732-264-3222-direct line\*\*

Fax: 732-264-3223

## Collier House REFERRAL FORM

Client's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date of referral \_\_\_\_\_

S.S. #: \_\_\_\_\_ Referral Source: \_\_\_\_\_ DYFS/ KC #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

\*The appropriate candidate for the Collier House should be between the ages of 18-21, homeless or aging out of the child welfare system, and possess the following attributes: (1)Desires to reach potential and attain productive self-sufficiency; (2) Expresses an interest in developing life skills needed to facilitate independent living; (3)Demonstrates respect for self, others and property; (4)Expresses an interest in pursuing and/or maintaining viable employment, educational or vocational pursuits.

### A. Current Living Status:

Resource Family

Group Home

Shelter

Other (explain) \_\_\_\_\_

Name of Facility/Group Home/Shelter/Foster Home: \_\_\_\_\_

Present Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

*\*For youth currently residing in residential or treatment home settings, we request you include their most recent treatment plan, psychological evaluation, and discharge summary.*

### B Please discuss the applicant's strengths, which indicate the ability to function independently with supportive services:

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**C. Please discuss any challenges the applicant may have which impedes his/her ability to function independently: (i.e. not taking prescribed psychiatric medications, current substance abuse, cognitive impairments, criminal conviction in past 5 years, behavioral problems, present a danger to themselves or others, fire-setter):**

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**D. List All Family Members and Significant Others**

<u>Name</u>	<u>Address</u>	<u>Telephone#</u>	<u>Age</u>	<u>Relationship to Client</u>

**E. Placement History: (Include present placement)**

<u>Placement</u>	<u>Contact Person</u>	<u>Dates</u>

**F. School Information:**

School: \_\_\_\_\_ Most Recent grade completed: \_\_\_\_\_  
Classification (please specify e.g. MH, ED,...) \_\_\_\_\_  
CST Evaluation:     Yes         No

**G. Youth Income:**

- (1) Under \$5000                (2) \$5,000- \$9,999            (3) \$10,000- \$14,999   
(4) \$15,000- \$24,999         (5) \$25,000- \$34,999         (6) \$35,000 or more   
(7) SSI applied for?         Yes     No  
(8) Receiving public assistance?  Yes     No

H. Is youth eligible for any of the following public assistance programs? If yes- please check box:

GA/TANF    Food Stamps    SSI or SSD    New Jersey Family Care     
WIC

1. Is youth currently receiving Medicaid? If yes, is it provided by the Division of Youth and Family Services, MEYA (Medicaid Extension for Young Adults) or social services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has this permanent housing program (with mandatory supportive services component) been discussed with potential resident?    Yes    No

3. Is the potential resident motivated to participate?

\_\_\_\_\_  
\_\_\_\_\_

Additional Information Concerning Present Situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical History of the Resident: (please indicate whether information is gathered by the Caseworker, Resident, Physician or School Records)

Chronic

Conditoins: \_\_\_\_\_

Past Serious

Illnesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications that they take including vitamins: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunizations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Medical Diet: \_\_\_\_\_  
\_\_\_\_\_  
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**\*\* Indicate None if None**

**Work History:**

Places of employment, dates and reason for leaving:

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**Has the applicant ever been fired? If yes, please explain circumstances:**

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**Referral Agency's Assessment of Potential for Physical Violence Toward Others  
(including peers as well as staff)**

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**Name of person completing this form:** \_\_\_\_\_

**\*\*\*\*\*After review of this form, a decision will be made if youth is eligible. If they are, youth will be contacted to come in for an interview. If youth is accepted, they will need to have a physical, hearing and vision screens prior to move-in.**

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To be completed by Collier House Staff:

**Screener's Disposition:** \_\_\_\_\_  **Date:** \_\_\_\_\_

\_\_\_\_\_  
**(Screener's Signature)**