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**BETHANY CHRISTIAN SERVICES
 THE ADOPTS CENTER
 REFERRAL FOR SERVICES**

Referring Worker _____ Date _____

Phone Number/Ext. _____

CLIENT INFORMATION:

Name: _____ DOB: _____

Address: _____ Phone No: _____

Sex: _____ Race: _____ Primary Language spoken: _____

Primary Caregiver(s): _____ Relationship to the child: _____

Address _____ Phone No. _____

Internationally adopted? Y or N _____ If yes, from what country? _____

CHILD'S PLACEMENT STATUS:

- Temporary foster care
- Permanent foster care
- Pre-adoptive home
- Adoptive home
- Residential care
- Other _____

Relative placement Yes No

Is primary caregiver willing to actively participate in child's treatment? Yes No

Date child entered care _____ Date child entered current placement _____

Number of placements child has had since entering care & duration _____

FUNDING RESOURCES TO SUPPLEMENT CHILD'S PARTICIPATION IN AD-OPTS CENTER:

- Private Insurance _____ (please indicate type)
- Medicaid Priority Health or Comp Care/Molina (please circle one)
- Community Mental Health
- FIA
- Adoption Subsidy
- Other _____

CHILD'S DIAGNOSIS: _____

Is child under psychiatric care? Yes No Psychiatrist name _____

<u>Medication</u>	<u>Dosage</u>	<u>Prescribed by</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please complete reverse side of this form)

INCIDENTS OF TRAUMA IN CHILD'S LIFE:

- Sexual abuse
- Physical abuse
- Emotional abuse
- Chronic neglect
- Parental substance abuse
- Parental mental illness
- Multiple disruptions of attachment
- Traumatic loss
- Familial violence
- Acute incidents (i.e. accidents)
- Medical trauma
- Exposure to war/terrorism/mass trauma
- Trafficking
- Other _____

Explain: _____

COUNSELING HISTORY:

When	Where	With Whom	How Long	Overall reaction to treatment

PRESENTING BEHAVIORS:

Home: _____

School: _____

Community: _____

CHILD AND FAMILY STRENGTHS:

GOALS OF TREATMENT IN THE AD-OPTS CENTER:

ADDITIONAL INFORMATION REGARDING THE CLIENT(Attach pertinent psychological, ISP/USP, court petitions, investigations,etc.):

Office Use Only	
<input type="checkbox"/> Accepted	Date Entered Program:
<input type="checkbox"/> Waiting list	Next available opening date:
<input type="checkbox"/> Denied	Reason for denial: Referred to:
<input type="checkbox"/> Referring worker contacted	Date: