

**DISPOSITIONAL ALTERNATIVES PROGRAM
REFERRAL/CRITERIA FORM**

TO: Family & Children's Service/Dispositional Alternatives Program
127 West State Street, Ithaca, New York 14850 (607) 273-7495

Referral date: _____ Date referral received at DAP: _____

REFERRAL SOURCE: _____ / _____ / _____
(name) (title/agency) (phone)

NAME OF REFERRAL: _____ DOB: ____/____/____
(child's name)

School/Grade: _____ SS#: _____

Parent/Guardian: _____

Address: _____

Phone#: () _____ Work#: () _____

What was the parent's initial request for?

____ Foster care ____ DAP ____ Institutionalization ____ Hospitalization
____ Preventive Services ____ Other (please note _____)

Is the parent agreeable to Preventive Services? ____ Yes ____ No ____ Unknown

Does the child want to be at home? ____ Yes ____ No ____ Unknown

Previous placement? ____ Yes ____ No If so, please give date, reason, and location:

*CPS involvement: ____ Yes ____ No (____ past ____ present) Caseworker: _____

Phone#: _____

***parent must permit opening a case with DSS under Mandated Preventive services.**

Is the family an open case with DSS? ____ Yes ____ No ____ Unknown

If yes, CID date? _____ Case#: _____ and Caseworker: _____

Parental involvement: Aware of referral? ____ Yes ____ No
(in DAP referral process)

Child involvement: Aware of referral? ____ Yes ____ No
(in DAP referral process)

Court Involvement: ____ Unknown

Adjudication: ____ JD ____ PINS Petition Pending: ____ JD ____ PINS ____ None
____ Abuse/neglect ____ PINS Diversion ____ Abuse/neglect

Has this child been court ordered to receive DAP services? ____ Yes ____ No

Check any of the following that the child or parent has expressed concerns about:

- Child: truancy
 running away from home
 criminal activities
 assaultive behaviors
 drugs/alcohol
 incorrigibility at home/school
 sexual acting out
 violation of curfews
 suicidal behavior or ideation
 firesetting
 mental health issues

- Parent: supervision issues
 parenting skills
 coping skills
 self-esteem/depression
 drugs/alcohol
 domestic violence
 abuse/neglect issues
 mental health issues

Describe (briefly) the presenting problems and concerns: _____

What services have been offered or are pending to date (i.e. counseling, Family Preservation, Probation, CDRC, school involvement/CSE, etc.) _____

What is the risk of placement?
 High Moderately High Intermediate Moderately Low Low

Briefly explain risk and recommendation: _____

As of this date, how do you categorize the child's need for DAP:
 Emergency Definite need but currently stable Unsure of present need

Reason(s) for above rating and recommendation: _____

/tw
1/09

**DISPOSITIONAL ALTERNATIVES PROGRAM
CRITERIA FOR DETERMINING RISK AND SERVICE COMPONENTS**

(This must be filled out if youth is to be considered for admission to DAP)

NAME _____ DATE _____

INTENSIVE/CRISIS STABILIZATION COMPONENT

Youth is at high risk of foster care or other out of home placement if any one of these conditions are met:

CHECK ALL THAT APPLY

- _____ Youth has been in detention and Court will remand back to detention
- _____ Youth has experienced multiple detention placements in the last 6 months
- _____ CSE, a Court Disposition, or PDI has recommended out of home placement
- _____ The youth is awaiting placement by the Court or by DSS foster care
- _____ There is major child/family conflict and the family, Court, Probation, or DSS is recommending placement
- _____ Youth is before the Court for recent offense and has been in placement within the past 3 years
- _____ Youth is before the Court for JD/PINS and is currently habitually truant and Court, Probation, or DSS is considering placement
- _____ CPS placement is imminent; (note: there must be a viable CPS plan for safety)
- _____ Youth is currently involved in the sale or use of drugs
- _____ Youth has experienced inpatient drug/alcohol or mental health hospitalization in past year
- _____ Youth is suicidal (note: there must be an assessment and a safety plan) or has recently been exhibiting increasingly violent behavior, or recently increasing risky behaviors, putting himself/herself at significant risk of harm and family has been unable to stabilize
- _____ Parent in the home is actively involved in substance abuse or illegal activity, or has a current active mental instability and youth is exhibiting risky behavior
- _____ Youth is returning home from foster care

YOUTH/FAMILY SUPPORT COMPONENT

Youth is at risk of foster care and eligible for youth/family support service if two of the following conditions are met:

CHECK ALL THAT APPLY

- Youth has been in foster care in the past
 - Youth is returning from foster care
 - Youth currently before the Court on JD/PINS
 - Youth is currently under Court supervision
 - Current family/child conflict, runaway, substance involvement, violence, or illegal activity, incorrigibility at home, or discipline issues (circle all that apply) and less intensive service is needed
 - Youth is habitually truant
 - Court ordered to DAP or Court Diversion
 - Parent is unable to manage youth's behaviors and is requesting services
 - Youth and family are receiving DSS preventive or protective service (note: there must be a viable CPS plan for safety)
 - Youth and family are stepping down from Intensive Service and crisis has stabilized but support is needed to continue progress
 - Youth has previously been in detention, or experienced inpatient substance abuse treatment or mental health hospitalization
 - Youth has sibling(s) in placement
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