



**Nexus**

**A Family of Treatment Programs**

**MILLE LACS REFERRAL FORM**

**Youth's Name:** \_\_\_\_\_ **Date of Referral:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Referral Source:** \_\_\_\_\_

*Referral Agent Primary Contact:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Fax:* \_\_\_\_\_ *Email:* \_\_\_\_\_

*How did you learn about Nexus?:* \_\_\_\_\_

**Parent Guardian:** \_\_\_\_\_ **Relationship to Youth:** \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Fax:* \_\_\_\_\_ *Email:* \_\_\_\_\_

**Youth's Current Placement:** \_\_\_\_\_ **Length of Stay in Current Placement:** \_\_\_\_\_

**List Previous Placement History:**

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

**Placing/Funding Agency:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_

**ID #:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Youth's Primary Reasons for Needing Placement:**

What behavior(s) has youth engaged in:

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

**Youth's Medical/Psychiatric History:**

Psychiatric Hospitalization History (please include hospital & dates of hospitalization):

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

Psychiatric Diagnosis: \_\_\_\_\_

Current Medications: \_\_\_\_\_

List of Psychotropic Medication History: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Allergies: If yes, please explain: \_\_\_\_\_

Physical Disabilities: If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Other Pertinent Medical Issues: \_\_\_\_\_

**Youth's Educational History:**

Current Grade: \_\_\_\_\_

Diploma Obtained

GED Obtained

Last Known IQ: \_\_\_\_\_

**Special Education Classification:**

\_\_\_\_\_ Learning Disability

\_\_\_\_\_ Emotional/Behavioral Disability

\_\_\_\_\_ Other

Does Youth Have Current IEP? \_\_\_\_\_

School District of Residence: \_\_\_\_\_

School Contact Person/Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Last School Youth Attended: \_\_\_\_\_

Thank you for completing this admissions form.  
An admissions coordinator will contact you shortly. In the meantime,  
please compile the following documentation:

- Consent for release of information to Onarga Academy
- Social history/Placement history
- Psychological evaluation (recent)
- Psychiatric evaluation (recent)
- Sexuality assessment
- Social history
- JSO registration form
- Interstate compact agreement
- Birth certificate (copy/original)
- Social Security card/#: \_\_\_\_\_
- Court order (authorizing residential tx.)
- Probation order
- Probation social investigation
- Parole order
- Medical card/Insurance card
- Current safety plan

Medical Records:

- Immunization record
- Physical exam (within past year)
- Dental exam (within past year)
- Vision exam/screening (within past year)
- Hearing exam/screening (within past year)
- Psychiatric hospitalization records (specify): \_\_\_\_\_
- Other medical records (specify): \_\_\_\_\_

Educational Records:

- Current Individualized Education Plan (IEP)
- Current IEP triennial evaluation reports (ex. school social history; school psychological report)
- High school diploma
- GED