



SOJOURNERS REFERRAL

p: (740) 596 1117

f: (740) 596 7134

m: P.O. Box 312 McArthur, OH 45651

walk-in's welcome (m-f) 8-4:30

Locations: 605 W. Main St. McArthur, OH

59 W. Main St. Chillicothe, OH

DATE: _____

YOUTH(S) NAME: _____ AGE: _____ DOB: _____

REFERRAL SOURCE: _____
(CONTACT PERSON/AGENCY)

PHONE: _____

RESIDENCE: _____

REFERRAL TYPE:

☐ Foster Care Placement

☐ Respite ☐ Direct Placement

☐ Housing ☐ Job Training/Edu.
certificates, etc.) ☐ INQUIRY

☐ CCMEP ☐ Adoption

☐ Emergency Services (food, shelter,
hygiene, clothing, birth certificates, etc.)

STRENGTHS/SUPPORTS/AGENCY INVOLVEMENT/ PLACEMENT

HX: _____

CURRENTLY RECEIVING SERVICES: ☐ YES ☐ NO SERVICE TYPE: ☐ Mental Health _____

Special Health Consideration(s) _____ Diagnosis if applicable _____

Alcohol/Drug Abuse Hx _____ ☐ JFS Benefits _____

Trauma Hx (Abuse/Neglect etc.) _____ ☐ Housing _____

Hx of Assaults ☐ YES ☐ NO _____

Family Involvement _____ Visitation ☐ YES ☐ NO _____

BEHAVIORS:

☐ Self Abuse (cutting etc.) ☐ Current ☐ Past

☐ Education _____ ☐ Probation _____

☐ Sexual Behaviors (Acting Out, Victimization of Others, etc) ☐ Current ☐ Past

Victimization Screening

☐ Fire Setting ☐ Current ☐ Past

☐ Sexually Assaulted as Child ☐ Adult Sexual Assault

☐ Animal Cruelty ☐ Current ☐ Past

☐ Child Abuse/Neglect ☐ Domestic/Family Violence

☐ Gang Affiliation ☐ Current ☐ Past

☐ DUI/DWI ☐ Trafficking ☐ Identity Theft

☐ Runaway ☐ Current ☐ Past

☐ Dating Violence ☐ Kidnapping ☐ Robbery

☐ Theft ☐ Current ☐ Past

☐ Survivor of Homicide Victim ☐ Stalking/Harassment

☐ Violent Crimes ☐ Current ☐ Past

☐ Arson ☐ Burglary ☐ Bullying ☐ Adult Physical Assault

☐ Weapon- Related Offenses ☐ Current ☐ Past

ADMINISTRATIVE RESPONSE :

DATE RECEIVED: _____

ASSESSMENT SCHEDULED: ☐ YES ☐ NO _____ SUPPORTIVE SERVICES ASSIGNMENT ☐ YES ☐ NO _____

HOME/PROGRAM IDENTIFIED ☐ YES ☐ NO _____ FOLLOWUP _____

