



To be used by a qualified referring agency when making a referral to GCIS or PW after hours. Clicking the Submit button will send it to the Admissions Director.

Child's First/Middle Name

Child's Last Name

Street Address

Street Address Line 2

City

State

Postal / Zip code

Phone

Date of Birth

Child's Gender Male

Female

Race/Cultural Background

Height – Feet

Height – inches

Hair Color

SSN

Medicaid Number

### Screening Questions

1. Is the child currently hostile/aggressive/combative?

Yes

No

2. Is the child currently under the influence of drugs and/or alcohol?

Yes

No

3. Is the child currently exhibiting suicidal thoughts, or does s/he have a history of self-harming behavior?

Yes

No

4. Is the child charged with any crimes of a sexual nature?

Yes

No

5. Does the child have any history of sexually acting out behavior?

Yes

No

6. Is the child currently charged with any crimes against another person?

Yes

No

7. Does the child have any health conditions that require monitoring?

Yes

No

8. Does the child have any special dietary needs/allergies?

Yes

No

9. Does the child have a history of running away?

Yes

No

10. Does the child have trouble performing daily hygiene tasks independently?

Yes

No

11. Are there any other safety issues that staff need to be aware of?

Yes

No

If yes, please describe

12. Is the child on any medications?

Yes

No

**Contact Information**

Whom may the child contact while at NFHFC?

Contact 1

Name

Phone Number

Relationship to Child

Contact 2

Name

Phone Number

Relationship to Child

Contact 3

Name

Phone Number

Relationship to Child

Is there anyone the child **may NOT contact** while at NFHFC?

Name

Relationship to Child

Name

Relationship to Child

Name

Relationship to Child

**Agency Contact Information**

Referring Agency Case Worker

First Name

Last Name

Case Worker's Phone Number

Referring Agency

**Emergency Contact Information**

In case of emergency, whom should be contacted?

Contact 1

Name

Phone Number

Pager/Cell

Relationship to Child

Contact 2

Name

Phone Number

Pager/Cell

Relationship to Child

Contact 3

Name

Phone Number

Pager/Cell

Relationship to Child

**Authorization**

As an official of the State of South Carolina or a duly authorized law enforcement official acting on behalf of an agent of the State of South Carolina, or as the child's legal guardian, I hereby authorize placement at New Foundations Home for Children for this child.

Name

Date