



Charlevoix County Probate / Family Court

SHARP Referral Packet

Safe Harbor Adolescent Recovery Program



www.chxsharp.com

INSTRUCTIONS FOR COMPLETING **S H A R P** REFERRAL FORM:

- 1) Fill out the form *COMPLETELY*. The areas included on this 6-page document were streamlined to make it easier to refer a youth. It is difficult to process the youth with incomplete information.
- 2) Please feel free to use additional space if needed.
- 3) **DO NOT SKIP THE FAMILY MEMBER** information section. It is important to understand whether the youth lives with their family members or not, if they have siblings, bio-mother, bio-father (or other).
- 4) If you have any questions you may contact the director, John McLean at 231-547-4085, or 231-675-3803 at any time. Please leave a message or even text him – he will get back to you. You may also email him at: mcleanj@charlevoixcounty.org
- 5) **RETURN** the form via email to mcleanj@charlevoixcounty.org if you do not have email access you may FAX the form to **616-439-1864** but be sure and call John McLean to confirm it did arrive. (We work in a fast paced environment with archaic technology at times). **Be sure and attach or send along any Substance Abuse evaluation or findings, Psychological Evaluations or Counselor/Therapists opinions that will help indicate the youth's level of addiction, problems and other information that will assist us**
- 6) Once you have received confirmation that your referral has been accepted, you can submit the INTAKE PACKET. Please read the instructions for completing that as well. As with any government entity it is becoming a necessity to submit the proper information PRIOR to the youth's arrival.
- 7) If it is indicated that the youth is under the care and custody of someone other than his biological/adoptive parents – the referring court **MUST** provide a copy of the Letters of Guardianship issued by the appropriate court giving legal authority to the adult who is signing the INTAKE PACKET documents. If this is a family court situation, the Order indicating the youth was placed in the care and custody of someone other than his/her parent **MUST** be included with the paperwork.
- 8) **BIRTH CERTIFICATE, IMMUNIZATION RECORD, COURT ORDER AND SCHOOL INFORMATION IS NOW A REQUIREMENT.**

Safe Harbor Adolescent Recovery Program (SHARP)

Referral Information

Referral date: _____

Youth

Name of youth: _____ Date of Birth: _____

Address: _____ SSN: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Cell: (____) _____ - _____ Work: (____) _____ - _____

Age: _____ Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Gender (*circle one*): Male Female LGBTQ
(Please provide details on page 3)

Religious Preference: _____

Referring Agency:

Agency Name: _____ County: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____ Fax Number: (____) _____ - _____

Probation Officer/Caseworker: _____

Email: _____

Cell Phone Number: (____) _____ - _____ Direct Contact Officer Number: (____) _____ - _____

Emergency/Afterhours contact:

(please provide a name and number rather than "911")

If Video hearings/Polycom will be used, please provide Polycom number: _____

Prior TREATMENT Placements:

Location	Date Admitted	Date Discharged
1.	/ /	/ /
2.	/ /	/ /
3.	/ /	/ /
4.	/ /	/ /
5.	/ /	/ /

Behavior History:

	YES	NO		YES	NO
Aggressive behavior	_____	_____	Unlawful drive-away	_____	_____
Verbally assaultive	_____	_____	Obsessions	_____	_____
Sexually assaultive	_____	_____	Suicidal ideations	_____	_____
Teen mother/father?	_____	_____	Gang involvement	_____	_____

Safety Concerns:

	YES	NO		YES	NO
Eating disorders	_____	_____	History of runaway	_____	_____
Self-harm (i.e. Cutting)	_____	_____	Setting fires	_____	_____
Suicide attempts	_____	_____			

If "yes" to any of the above please provide details (i.e., last known episode, severity, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. Gender: _____

Alcohol / Drug Use History

Drug	Age of 1st use	Date of last use	Frequency / Duration	O.D.?
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

Number of days clean: _____

Does client need detox? Yes _____ No _____

★: "Drug of Choice"

Does youth have history of IV drug use? Yes ___ No ___

If yes, when was last time? _____

Please note any prior assessments:

Ethnicity: (Check all that apply)

Psychological Yes ___ No ___ Pending ___
 Academic Yes ___ No ___ Pending ___
 Substance abuse Yes ___ No ___ Pending ___
 MJJAS* Yes ___ No ___ Pending ___
 YLS* Yes ___ No ___ Pending ___

___ American Indian ___ Pacific
 ___ Alaskan Native ___ Asian
 ___ Black ___ White
 ___ Hispanic ___ Latino
 Other: _____

"*" Score/Severity in Substance Abuse section _____

Family History

- include names & ages of immediate and extended family members
- indicate which members are in the household of residence
- note history of mental illness, major medical problems, and/or alcohol/drug abuse and/or concerns

Family member	Relation	Age	in house	Medical Problems	Mental illness	Drug abuse	Alcohol abuse
1. _____	Bio-Dad	_____	_____	_____	_____	_____	_____
2. _____	Bio-Mom	_____	_____	_____	_____	_____	_____
3. _____	Step-Dad	_____	_____	_____	_____	_____	_____
4. _____	Step-Mom	_____	_____	_____	_____	_____	_____

Family History (cont.)

Family member	Relation	Age	in house	Medical Problems	Mental illness	Drug abuse	Alcohol abuse
5. _____	_____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____	_____	_____

Criminal History (complete or include Criminal history print out)

1. _____
2. _____
3. _____
4. _____

Describe why youth is being referred to SHARP (attach any supporting documentation)

Please Provide an authorized list of people the youth is allowed to have contact with (i.e., parents, grandparents, aunts, uncles, friends).

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

People youth are NOT allowed to have contact with

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

