CLINICARE SCHOOLS

REFERRAL APPLICATION

Please complete and return to:

Jillian Christen, Director of Education
JChristen@clinicarecorp.com

Clinicare Alternative Day Schools
New Frontier Academy
Eau Claire Academy

TO INCLUDE WITH APPLICATION:

- ☐ Individualized Educational Plan (IEP)
- ☐ BIP / FBA
- ☐ Health Plan
- ☐ Disciplinary Reports
- ☐ Report Card

OTHER ITEMS NEEDED PRIOR TO START:

- ☐ IEP Team Meeting
- ☐ School District Contract
- ☐ Student Registration Paperwork

Non-Discrimination Notice

Clinicare Alternative Day Schools will not discriminate in the provision of mental and behavioral health services to an individual bases on the individual's race, color, sex, age, national origin, disability, religion, gender identity, or sexual orientation.

Please fill in all information – if you are not sure, please indicate this and feel free to offer any other comments/concerns you feel are relevant for consideration.

STUDENT NAME *(First, Middle, Last)*					
DATE OF BIRTH		**AGE**		**CURRENT GRADE**	

☐ **MALE** ☐ **FEMALE** ☐ ***COMMENT:*** _____

CURRENT SCHOOL DISTRICT		**REQUESTED ENROLLMENT DATE**		**STUDENT CURRENTLY RESIDES WITH:**	

DOES THE STUDENT HAVE A 1:1 AIDE IN THEIR IEP?	**YES**		**NO / NOT AT THIS TIME**	

TRANSPORTATION PLAN *(School District, Parents, other; morning, afternoon, sick, inclement weather)*

BEHAVIOR Goal(s) – *what do we want the student to achieve?*

1.	
2.	
3.	

ACADEMIC Goal(s) – *what do we want the student to achieve?*

1.	
2.	
3.	

REINTEGRATION PLAN

IF THE STUDENT IS IN HIGH SCHOOL **PLEASE CHECK BOX(ES) indicating Academic Plan**

Graduation		***Certificate of Completion***		***Credit Recovery***	

IF THE STUDENT IS IN 9th, 10th, 11th or 12th grade

PLEASE PROVIDE HIGH SCHOOL GRADUATION REQUIREMENTS in the space below:

☐ ***PLEASE ATTACH CURRENT HIGH SCHOOL TRANSCRIPT***

STUDENT NAME *CONTINUED*	

Please list any out of home care services utilized *(mental health services, medication management, etc.):*

Behaviors – CHECK 'Yes' or 'No'

Aggression – Verbal	***YES***		**NO**		Suicidal Ideation	***YES***		**NO**	
Aggression – Physical	***YES***		**NO**		Self-Harm	***YES***		**NO**	
Aggression - Property	***YES***		**NO**		Drug Use	***YES***		**NO**	
Arson	***YES***		**NO**		Alcohol Use	***YES***		**NO**	
Run Away	***YES***		**NO**		Huffing	***YES***		**NO**	
Theft	***YES***		**NO**		Refuse to go to School	***YES***		**NO**	
Exhibits Grooming or Other Unhealthy Sexual Behaviors	***YES***		**NO**		Refusal while at School	***YES***		**NO**	
Accused of Sexual Assault	***YES***		**NO**		Dress Code Violations	***YES***		**NO**	
History of Police Contact	***YES***		**NO**		OTHER NOT LISTED	***YES***		**NO**	

BRIEFLY explain / summarize ANY items checked "YES"

Please include behaviors displayed *but not listed above* AND Police Contact and/or Court Orders involving specific behaviors *(sexual, aggressive, etc):*

STUDENT NAME *CONTINUED*	

PROJECTED TEAM LIST

Name		Title/Relationship	Legal Guardian ☐ Yes ☐ No
Address	City/State/Zip	Emergency Contact ☐ Yes ☐ No	Invite to Meetings ☐ Yes ☐ No
Email Address	Day Time Phone	Cell Phone	Receive Reports ☐ Yes ☐ No
Name		Title/Relationship	Legal Guardian ☐ Yes ☐ No
Address	City/State/Zip	Emergency Contact ☐ Yes ☐ No	Invite to Meetings ☐ Yes ☐ No
Email Address	Day Time Phone	Cell Phone	Receive Reports ☐ Yes ☐ No
Name		Title/Relationship	Legal Guardian ☐ Yes ☐ No
Address	City/State/Zip	Emergency Contact ☐ Yes ☐ No	Invite to Meetings ☐ Yes ☐ No
Email Address	Day Time Phone	Cell Phone	Receive Reports ☐ Yes ☐ No
Name		Title/Relationship	Legal Guardian ☐ Yes ☐ No
Address	City/State/Zip	Emergency Contact ☐ Yes ☐ No	Invite to Meetings ☐ Yes ☐ No
Email Address	Day Time Phone	Cell Phone	Receive Reports ☐ Yes ☐ No
Name		Title/Relationship	Legal Guardian ☐ Yes ☐ No
Address	City/State/Zip	Emergency Contact ☐ Yes ☐ No	Invite to Meetings ☐ Yes ☐ No
Email Address	Day Time Phone	Cell Phone	Receive Reports ☐ Yes ☐ No
Name		Title/Relationship	Legal Guardian ☐ Yes ☐ No
Address	City/State/Zip	Emergency Contact ☐ Yes ☐ No	Invite to Meetings ☐ Yes ☐ No
Email Address	Day Time Phone	Cell Phone	Receive Reports ☐ Yes ☐ No
Name		Title/Relationship	Legal Guardian ☐ Yes ☐ No
Address	City/State/Zip	Emergency Contact ☐ Yes ☐ No	Invite to Meetings ☐ Yes ☐ No
Email Address	Day Time Phone	Cell Phone	Receive Reports ☐ Yes ☐ No

Thank you.