19TH JUDICIAL CIRCUIT COURT

MICHAEL PRENGER FAMILY CENTER
400 Stadium Boulevard
Jefferson City, MO 65101
Tel: 573-636-5177/Fax: 573-634-5162

Initial Referral
Please attach the following:

- **Current CS-1**
- **Current CS-9**
- **Current Social History**
- **Most Recent Psychological and Psychiatric Evaluation**
- **Signed Treatment/Release of Information form**
- **IEP/School Information/Assignments arranged**
- **Written Service Agreement (if available)**
- **Copy of Social Security Card**
- **Copy of Medical Insurance Card/Medicaid Authorization Letter**
- **Court Order placing child in CD custody at Michael Prenger Family Center**
- **Copy of current psychological testing/evaluations (if unavailable, please explain)**
- **List of current medications**

The Michael W. Prenger Family center appreciates you considering our residential treatment program for placement. We will give your referral the utmost consideration, and we look forward to speaking with you soon.

Please return all documentation to:
Michael W. Prenger Family Center
Attn: Daniel Emerson, Clinical Supervisor
400 Stadium Boulevard
Jefferson City, MO 65101
Tel: 573-636-5177/Fax: 573-634-8191

19TH JUDICIAL CIRCUIT COURT

MICHAEL PRENGER FAMILY CENTER
400 Stadium Boulevard
Jefferson City, MO 65101
Tel: 573-636-5177/Fax: 573-634-8191

Initial Referral

Date: _____

Check One: [] Emergency Placement [] Residential Placement
Level Of Care: _____

General Information
Resident Name: _____ Gender: Male ___ Female ___
Address: _____
_____

Ethnicity: _____ Religious Preference: _____
Date Of Birth: _____ Medicaid #/ Insurance: _____
Social Security #: _____-____-_____ Primary Language: _____
Secondary Language: _____ Court Date/ Time: _____
Legal Guardian: _____ FST Date/ Time : _____

Emergency Contact Information:
Name: _____
Phone: _____
Address: _____
_____
Relationship: _____

Name: _____
Phone: _____
Address: _____
_____
Relationship: _____

Referring Agency Information:
Agency Name: _____
Name of Caseworker: _____
Referring County: _____
RCST Coordinator: _____
24 Hr. Contact # _____

Other Case Members/ FST
DJO Name: _____ DJO Contact Number: _____
GAL Name: _____ GAL Contact Number: _____
Other: _____ Other Contact Number: _____

19TH JUDICIAL CIRCUIT COURT

MICHAEL PRENGER FAMILY CENTER
400 Stadium Boulevard
Jefferson City, MO 65101
Tel: 573-636-5177/Fax: 573-634-8191

Initial Referral

Parental Information

Name of Mother: _____ Age: _____
Address: _____
_____

Can parent have contact: _____ No _____ Yes
Is parent currently working a plan for reunification? _____ No _____ Yes

Name of Father: _____ Age: _____
Address: _____
_____

Can parent have contact: _____ No _____ Yes
Is parent currently working a plan for reunification? _____ No _____ Yes

Placement Information

Reason for placement request:

_____
_____
_____

Placement History

Location	Type	Date of Admission	Date of Discharge

Discharge Plan: (What is the plan for this child? Where will they go? What will it look like?)

_____
_____

Treatment/ Needs/ Behaviors

Identified Needs/ Goals:

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

19TH JUDICIAL CIRCUIT COURT

MICHAEL PRENGER FAMILY CENTER
400 Stadium Boulevard
Jefferson City, MO 65101
Tel: 573-636-5177/Fax: 573-634-8191

Social/Behavioral History:

RISK FACTORS

Assault Potential	**LOW**	**MODERATE**	**HIGH**	**NONE**	**UNKNOWN**
Running Away	**LOW**	**MODERATE**	**HIGH**	**NONE**	**UNKNOWN**
Self-Harming Behaviors	**LOW**	**MODERATE**	**HIGH**	**NONE**	**UNKNOWN**
Sexual Offending	**LOW**	**MODERATE**	**HIGH**	**NONE**	**UNKNOWN**
Harming Animals	**LOW**	**MODERATE**	**HIGH**	**NONE**	**UNKNOWN**

Please Explain:

_____

_____

_____

ABUSE & NEGLECT CONCERNS

Physical	**LOW**	**MODERATE**	**HIGH**	**NONE**	**UNKNOWN**
Sexual	**LOW**	**MODERATE**	**HIGH**	**NONE**	**UNKNOWN**
Neglect	**LOW**	**MODERATE**	**HIGH**	**NONE**	**UNKNOWN**

Please Explain:

_____

_____

_____

Other Concerns:

_____

_____

_____

Psycholgoical and Psychiatric:

Current Psychological Evaluation: _____**Y** _____ **N**
Current Diagnosis:

Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: _____

19TH JUDICIAL CIRCUIT COURT

MICHAEL PRENGER FAMILY CENTER
400 Stadium Boulevard
Jefferson City, MO 65101
Tel: 573-636-5177/Fax: 573-634-8191

Name of Psychiatrist: _____
Address: _____
Phone Number: _____
Any Concerns Please Explain:
_____
_____
_____

Date of Next Medication Management Appointment: _____
List of All Current Medications (Medical and psychiatric medications):
_____
_____
_____
_____

Medical History:
Is resident up to date on immunizations: ____N ____Y
Copy of Immunization Records in file: ____N ____Y
Name of Primary Care Physician: _____
Address: _____
Phone Number: _____
Is resident being treated for any current medical conditions/concerns? ___N ___Y
Please explain any treatments or medical concerns:
_____
_____
_____

Date/Place of last Medical Exam: _____
Date/ Place of next Medical Appointment: _____

Name of Dentist: _____
Address: _____
Phone Number: _____
Current dental, orthodontic or periodontal conditions/concerns? ___N ___Y
Please Explain:
_____
_____
_____
Date/Place of last Dental Exam: _____
Date/ Place of next Dental Appointment: _____

19TH JUDICIAL CIRCUIT COURT

MICHAEL PRENGER FAMILY CENTER
400 Stadium Boulevard
Jefferson City, MO 65101
Tel: 573-636-5177/Fax: 573-634-8191

Level of Education or Specialized Training:

Current level of functioning please explain:

_____
_____
_____
_____
_____

Current IQ Score: _____

Educational History:
Last School Attended: _____
Current Grade Level: _____ Current School District: _____
Would this child be recommended to attend public school by school officials?
_____ N _____ Y
Please explain if the answer is "No":

_____
_____
_____

Does child receive special services (IEP, Class with in a class etc.)? ___N ___Y
Is school attendance an issue for this child? _____N _____Y
Is this child functioning at current grade level? ___N ___Y
Please explain if the answer is "No":

_____
_____
_____

Any other up-coming appointments not previously mentioned in packet:

_____
_____
_____
_____

19TH JUDICIAL CIRCUIT COURT

MICHAEL PRENGER FAMILY CENTER
400 Stadium Boulevard
Jefferson City, MO 65101
Tel: 573-636-5177/Fax: 573-634-8191

Contact Sheet

Residents Name: ____________________
Children's Division/Mo. Alliance worker: ____________________
Phone Number: (W) ______________ (C) ______________
Address: ____________________

____

Approved Contacts:
Name: ______________ Date Approved: __________
Relationship to Resident: ____________________
Phone Number: ____________________
Address: ____________________

Approved For: (check all that apply)
Telephone: ________ Mail: ________ On campus visits: ________
Off Campus Visits: ________ No Contact: ________
Additional Information: (supervised phone calls etc.)

____

Approved Contacts:
Name: ______________ Date Approved: __________
Relationship to Resident: ____________________
Phone Number: ____________________
Address: ____________________

Approved For: (check all that apply)
Telephone: ________ Mail: ________ On campus visits: ________
Off Campus Visits: ________ No Contact: ________
Additional Information: (supervised phone calls etc.)

____

Approved Contacts:
Name: ______________ Date Approved: __________
Relationship to Resident: ____________________
Phone Number: ____________________
Address: ____________________

Approved For: (check all that apply)
Telephone: ________ Mail: ________ On campus visits: ________
Off Campus Visits: ________ No Contact: ________
Additional Information: (supervised phone calls etc.)

____

19TH JUDICIAL CIRCUIT COURT

MICHAEL PRENGER FAMILY CENTER
400 Stadium Boulevard
Jefferson City, MO 65101
Tel: 573-636-5177/Fax: 573-634-8191

CONSENT TO TREAT FORM

For

_____

As parent or legal guardian (circle one) for _____, I give permission for Prenger Family Center Residential Treatment Facility Staff to authorize any medical treatment, psychiatric care or medical management deemed appropriate, as well as provide individual and group therapy/counseling for treatment purposes that _____ may need.

This consent is valid from _____ to _____, _____
Date Date Year

_____ _____
Signature of parent or guardian Date

19TH JUDICIAL CIRCUIT OF MISSOURI
JUVENILE COURT SERVICES
PRENGER FAMILY CENTER

AUTHORIZATION FOR MEDICAL TREATMENT
RELEASE OF INFORMATION

I do _____do not _____hereby request and authorize any medical, dental, psychological, psychiatric or surgical care necessary for my son/daughter_____ including any immunizations deemed necessary.

I further do_____ do not_____ authorize the below-named person, educational institution, firm, physician, clinic, hospital or agency to furnish the Prenger Family Center full and accurate information regarding the above-named client.

To: _____

_____
(Address) (Phone)

I hereby release any person, educational institution, firm, physician, clinic, hospital or agency from any liability for information furnished pursuant to this authorization.

Health Insurance Company: _____

Policy Number: _____

Signed Custodian/Parent: _____

Address: _____

Phone: ( )_____Date : _____

Witness: _____Date: _____

Student Information Form

Today's Date: _____

Please print or type

Student's Legal Name

Last _____ Suffix _____ First _____ Middle _____

Grade: _____ Gender: ☐ Male ☐ Female Date of Birth: _____/_____/_____

Student's Social Security Number _____-_____-_____

(Optional - social security numbers are used to confirm student participation in the National School Lunch and Breakfast Program, to determine Medicaid eligibility for purposes of district reimbursement for services, and to track student progress in Project Lead the Way and Community College).

Country of birth? ☐ United States ☐ Other:_____ If other, date entered the United States: _____

If other, date entered first U.S. School: _____

RACE/ETHNIC ORIGIN

The U.S. Government requires the schools to make reports using the following categories for Race/Ethnicity:

Are you Hispanic or Latino? ☐ Yes ☐ No

Which of the following describes your Race? (choose all that apply):

☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

HOME LANGUAGE

Is English the primary language spoken in the home? ☐ Yes ☐ No

Is a language other than English spoken in the home? ☐ Yes ☐ No If Yes, language spoken: _____

Does the student speak a language other than English? ☐ Yes ☐ No If Yes, language spoken: _____

STUDENT EDUCATIONAL INFORMATION

Please list the last school attended:

Grade _____ District _____ School _____

Address _____ City _____ State _____

Has this student ever been retained? ☐ Yes ☐ No If yes, what grade? _____

Has this student ever attended a Jefferson City Public School before? ☐ Yes ☐ No If Yes: When? _____ School? _____

EDUCATIONAL SERVICES AND PROGRAMS

Does/Did this student receive special education services (have an Individual Education Plan (IEP))? ☐ Yes ☐ No

If Yes: ☐ Currently Receiving ☐ Received in the Past

Does/Did this student receive speech or language therapy in the school setting? ☐ Yes ☐ No

If Yes: ☐ Currently Receiving ☐ Received in the Past

If information about the specific special education services the student receives/received are known, please list here:

_____

_____

_____

Does/Did this student receive any of the services below?

Gifted Program ☐ Yes ☐ No

If Yes: ☐ Currently Receiving ☐ Received in the Past

Title I Services; Reading Services ☐ Yes ☐ No

If Yes: ☐ Currently Receiving ☐ Received in the Past

Section 504 Plan ☐ Yes ☐ No

If Yes: ☐ Currently Receiving ☐ Received in the Past

English as a Second Language ☐ Yes ☐ No

If Yes: ☐ Currently Receiving ☐ Received in the Past

Other: _____

☐ Currently Receiving ☐ Received in the Past

MCKINNEY-VENTO ACT

These questions cover the definition of homeless that is within the No Child Left Behind Law. This enrollment form will meet MSIP Standard 8.3.1 for enrollment identification.

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? ☐ YES ☐ NO
2. Are you currently living in a temporary housing arrangement due to economic hardship? ☐ YES ☐ NO

   If you answered yes to either question above, please explain: _____

   _____
3. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or due to economic reasons? ☐ YES ☐ NO
4. Are you currently residing in a shelter? ☐ YES ☐ NO

FEDERAL MIGRATORY WORKER SURVEY

If you have a child age 3 through 21 and you have moved from one school district to another school district within the past three years, your child may be eligible for a special program of supplemental services. Please answer the following questions to help us determine if your child is eligible.

1. Have you moved from one school district to another during the past three years and before the move, was either parent (or guardian) employed in some form of temporary or seasonal agricultural related work such as: planting or harvesting crops (vegetables, fruits, cotton, etc.); landscaping; transporting farm products to market; feeding poultry, gathering eggs, working in hatcheries, processing poultry, beef, hogs, fruit, vegetables, etc.; working on a dairy farm or a catfish farm; cutting firewood or logs to sell? ☐ YES ☐ NO
2. Have you moved from one school district to another during the past three years for the purpose of looking for or obtaining any of the above jobs? ☐ YES ☐ NO
3. Is either parent (or guardian) now employed in any of the above kinds of work? ☐ YES ☐ NO
4. Have you moved away with your child during only the summer months to engage in crop harvesting or other seasonal agricultural work? ☐ YES ☐ NO

POSSIBLE DAYCARE FOR CHILDREN OF JCPS STUDENTS

JCPS offers infant/toddler daycare opportunities on a limited basis for JCPS students with children. Would you be interested in learning more information about this service? ☐ YES ☐ NO

LEGAL DOCUMENTS

Are there any legal documents pertaining to this student, e.g., guardianship, divorce/parenting plan, juvenile court/juvenile officer, ex parte, etc? ☐ YES ☐ NO

If yes, please provide a copy and describe: _____

MILITARY

Is this student residing in the house of a person (family) who is on active duty or serving in the reserve component of a branch of the United States Armed Forces? ☐ YES ☐ NO

Is this student living with a family member due to parents being deployed? ☐ YES ☐ NO

If you answered yes to either question above, please select one: ☐ Active Duty ☐ National Guard or Reserve

SAFE SCHOOLS ACT

The undersigned hereby certify and represent to the Jefferson City Public School District, for the purposes of the Missouri Safe Schools Act, that:

1. This student is not currently suspended or expelled from any other school district.
2. This student has not been convicted or indicted of any of the following offenses and no information or petition alleging such offense has been filed:
   a. first degree murder under Section 565.020, RSMo
   b. second degree murder under Section 565.021, RSMo
   c. first degree assault under Section 565.050, RSMo
   d. forcible rape under Section 566.030, RSM.
   e. forcible sodomy under Section 566.060, RSMo
   f. statutory rape under Section 566.032, RSMo
   g. statutory sodomy under Section 566.062, RSMo
   h. robbery in the first degree under Section 569.020, RSMo
   i. distribution of drugs to a minor under Section 195.212, RSMo
   j. arson in the first degree under Section 569.040, RSMo
   k. kidnapping, when classified as a Class A felony, under Section 565-100, RSMo

The undersigned, being first duly sworn on his/her/their oath, states that he/she/they provided the above information to the Jefferson City Public School District for the purpose of enrolling a student in the Jefferson City Public School District and states that such information is true and correct to the best of his/her/their information, knowledge and belief.

DECLARATION OF STUDENT RESIDENCY

In order to comply with Missouri Law regarding the eligibility of children to attend the public schools, the Jefferson City Public School District is required to compile certain information. Under penalty of perjury and subject to the laws of the State of Missouri making it a crime under Section 575.050 and Section 575.056 to make a false affidavit or false declaration, the undersigned hereby submits this form, under oath, for the purpose of establishing residency and enrollment in the Jefferson City Public School District. I hereby affirm that the student and a parent/legal guardian reside within the boundaries of Jefferson City Public Schools.

_____ _____ _____

Signature Relationship to Student Date

19th Judicial Circuit of Missouri
Cole County Juvenile Division

Michael W. Prenger
Family Center

400 Stadium Boulevard • Jefferson City, Missouri 65101 • (573) 636-5177 • Fax (573) 634-5162

JON E. BEETEM
Circuit Judge
Juvenile Division

MICHAEL COUTY
Juvenile Court Administrator

Date:

Dear Medical Provider:

_____ is now residing at the Prenger Family Center as of _____. In order to meet the health needs of this resident while in the care of Prenger Family Center, please fill in the following information that is pertinent to the health and well-being of this resident/your patient.

Current Health Conditions/Diagnoses:

Past or Recent Surgeries or Hospitalizations:

Allergies to Medications/Foods/Seasonal: Epipen prescribed?

History of Asthma: If **YES**, please fax an Asthma Emergency Action Plan completed and signed by physician to Prenger Family Center at (573) 634-5162.

In case of mild headache, menstrual cramps or fever 101 degrees F or more, this resident may be given the following OTC medication PRN by a Level I Medication Aide during the resident's stay at the Prenger Family Center. Resident must be assessed for medication allergy prior to giving Tylenol or Ibuprofen.

Tylenol: dosage

Ibuprofen: dosage

Physician signature:_____ Date:

Please return via fax to the aforementioned number. Attention: Superintendent