

Second Chances Comprehensive  
Services, LLC  
2002-2004 Wakefield Street  
Petersburg, VA 23805

12 VAC 35-105-640

## Intensive In-Home Referral and Prescreening

Gender:  female  male SSN# \_\_\_\_\_

Medicaid # \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent/Authorized Representative Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Referral Source Name: \_\_\_\_\_ Referral Source Agency: Second Chances Comprehensive Services

Referral Telephone: 804-733-1180 Referral Fax: 804-733-1181

Referral Address: 2002-2004 Wakefield Street, Petersburg, VA 23805

Current Problems: (Circle as many as applicable)

Anger management

Fighting

Sibling Rivalry

Verbal Aggression

Defiance towards authority figures

Running Away from Home

School Conflict

Truancy

Difficulty sitting still

Teen Pregnancy

Unable to focus

Juvenile Justice/Court Involvement

Difficulty maintaining peer friendships

Other

Psychiatric History:

Medical History: (include current medications)

Communication Barriers:

**Screening recommendation and disposition plan:**

Based on the above information and information obtained, applicant is appropriate for the program and will be admitted.

If applicant is appropriate for services, the assessment is scheduled for: Date:

\_\_\_\_\_

Time: \_\_\_\_\_

Based on the above information and information obtained, applicant is **not appropriate** for services and will be recommended for appropriate services. Recommendations are:

\_\_\_\_\_

SCCS/Referral Source Signature \_\_\_\_\_ Date

\_\_\_\_\_

