



**Office of Children
and Family Services**

Common Referral and Intake Packet for EMPOWER Programs

October 2021

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Instructions: This form is completed by county local department of social services (LDSS) staff who are referring a youth, age 10 or older to an EMPOWER program operated by a voluntary agency (VA). County staff making the referral must complete **Part A** (Referral Information, page 1) and as much of **Part B** as possible (Intake Information, page 4), based on the information available. If information needed for this form is available on other documents, it is not necessary to repeat the information below. Rather, the relevant document(s) may be attached to this form. **Part C** (Agency Decision, page 13) is completed by the EMPOWER program and sent back to the referring LDSS for their records.

PART A: Referral Information

To be completed by the LDSS with as much detail as possible.

SECTION I: Background

Youth's legal name: [Click here to enter text.](#)

CONNECTIONS' case name: [Click here to enter text.](#)

Youth's current location (be specific): [Click here to enter text.](#)

Youth's current legal guardian:

Name: [Click here to enter text.](#)

Relationship: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Youth's most recent home address: [Click here to enter text.](#)

With whom did youth reside at most recent home address? [Click here to enter text.](#)

Youth's contact information:

Cell phone number(s): [Click here to enter text.](#)

Social media handles (Instagram, TikTok, Snapchat, etc.)

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Does the youth have siblings currently in placement?

Yes

No

Youth's preferred language: [Click here to enter text.](#)

County/agency requesting placement:
[Click here to enter text.](#)

Date of request:
[Click here to enter a date.](#)

Date placement is needed:
[Click here to enter a date.](#)

Expiration of dispositional placement order:
[Click here to enter a date.](#)

Is the *Appropriateness of Placement Assessment (OCFS-5575)* included in this referral package with all applicable attachments? Yes
This is required to make a referral to an EMPOWER program per 21-OCFS-ADM-27.

Name and title of contact person making this referral: [Click here to enter text.](#) Phone number: [Click here to enter text.](#)
Email: [Click here to enter text.](#)

County case manager (if different than contact person): [Click here to enter text.](#) Phone number: [Click here to enter text.](#)
Email: [Click here to enter text.](#)

County supervisor: [Click here to enter text.](#) Phone number: [Click here to enter text.](#)
Email: [Click here to enter text.](#)

Caseworker (if different than contact person): [Click here to enter text.](#) Phone number: [Click here to enter text.](#)
Email: [Click here to enter text.](#)

Probation officer, if applicable: [Click here to enter text.](#) Phone number: [Click here to enter text.](#)
Email: [Click here to enter text.](#)

Attorney for child: [Click here to enter text.](#) Phone number: [Click here to enter text.](#)
Email: [Click here to enter text.](#)

SECTION 2: Youth's Demographic Information

Age: [Click here to enter text.](#) Date of birth: [Click here to enter text.](#) Gender: Choose an item.

Preferred first name/nickname: [Click here to enter text.](#) Pronouns: [Click here to enter text.](#)

Religion: Choose an item. Race: Choose an item. Ethnicity: Choose an item.

Case initiation date (CID): [Click here to enter a date.](#) Youth's CIN number: [Click here to enter text.](#) LDSS case number (if applicable): [Click here to enter text.](#)

Does youth have any upcoming scheduled appointments (e.g., medical, court, etc.)? If so, please provide the dates and nature of upcoming appointments: Yes No
[Click here to enter text.](#)

SECTION 3: CSEC and Exploitation Risk Assessment

At what level of trafficking risk was the youth identified as using OCFS-3920? High risk
Please attach the most recent OCFS-3920. Youth meets definition of a victim/survivor

It is believed that the youth: has past exploitation experience/high risk
 is currently experiencing exploitation/high risk

In addition to CSEC risk/experience, has the youth additionally been identified as at-risk or a survivor of labor trafficking? Yes
 No

Unsure

Approximately how many times has the youth been absent from care/been identified as missing/runaway from home in the past: month? [Click here to enter text.](#)
year? [Click here to enter text.](#)

On average, how long did the absences last?

- less than 24 hours
 less than 3 days
 less than one week
 7 days or more

When the youth is absent from their home/placement, where does the youth tend to go? Provide as much detail as possible.

[Click here to enter text.](#)

Does the youth have a known history of recruiting other youth into trafficking/exploitation?

- Yes, recently
 Yes, in the past but not recently
 No history of recruitment is known

Please describe the facts or patterns related to the youth's history of recruitment in as much detail as possible.

[Click here to enter text.](#)

What relationship(s) does the youth have with their exploiter(s)?
Check all that apply. Exploiter(s) is/was the youth's:

- Parent, including foster or adoptive parents
 Family, non-parent
 Gang
 Pimp, including supposed romantic partner
 No known third party (survival sex, self-produced material online, etc.)
 Other, define: [Click here to enter text.](#)

Please provide all known information about the known/alleged exploiter(s), including names, images, contact information, social media handles, descriptions of relationship, etc.

[Click here to enter text.](#)

Please list any provider(s) providing services or supports, specifically related to their exploitation risk/experience. Include provider's contact information.

[Click here to enter text.](#)

SECTION 4: Pending and Prior Court Cases (if applicable)

If there is a document that includes this information, please note that and attach the document. The information then does not need to be retyped here.

Pending/Prior Case Docket #: [Click here to enter text.](#)

Status/Notes:

[Click here to enter text.](#)

Court: [Click here to enter text.](#)

Judge's Name: [Click here to enter text.](#)

Original charges brought against youth:

[Click here to enter text.](#)

Case disposition:

[Click here to enter text.](#)

PART B: Intake Information

To be completed by the LDSS with as much detail as possible.

SECTION 5: Current or Past Orders of Protection (OOP) Involving Youth and/or Youth's Family

Current OOP: [Click here to enter text.](#)

Persons Involved/Notes

[Click here to enter text.](#)

Start: [Click here to enter a date.](#)

End Date: [Click here to enter a date.](#)

Court: [Click here to enter text.](#)

Judge: [Click here to enter text.](#)

Prior (Expired) OOP: [Click here to enter text.](#)

Persons Involved/Notes

[Click here to enter text.](#)

Start Date: [Click here to enter a date.](#)

End Date: [Click here to enter a date.](#)

Court: [Click here to enter text.](#)

Judge: [Click here to enter text.](#)

SECTION 6: Family Information

(A) Birth and/or Legal Parents

Birth mother

Name: [Click here to enter text.](#)

Current or last known address: [Click here to enter text.](#)

Phone number: [Click here to enter text.](#)

Email address: [Click here to enter text.](#)

Is mother employed? Choose an item.

If yes, where? [Click here to enter text.](#)

Preferred language: Choose an item.

Marital status: Choose an item.

Have parental rights been terminated or voluntarily surrendered? Choose an item.

Birth father

Name: [Click here to enter text.](#)

Current or last known address: [Click here to enter text.](#)

Phone number: [Click here to enter text.](#)

Email address: [Click here to enter text.](#)

Preferred language: Choose an item.

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Marital status:	Choose an item.
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Is father employed?	Choose an item.
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If yes, where?	Click here to enter text.
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Have parental rights been terminated or voluntarily surrendered?	Choose an item.
--	-----------------

Other legal parent (adoptive, stepparent, spouse of birth parent)	
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Name:	Click here to enter text.
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Relationship to youth:	Choose an item.
------------------------	-----------------

Current or last known address:	Click here to enter text.
--------------------------------	---------------------------

Phone number:	Click here to enter text.
---------------	---------------------------

Email address:	Click here to enter text.
----------------	---------------------------

Preferred language:	Choose an item.
---------------------	-----------------

Marital status:	Choose an item.
-----------------	-----------------

Is parent employed?	Choose an item.
---------------------	-----------------

If yes, where?	Click here to enter text.
----------------	---------------------------

Name:	Click here to enter text.
--------------	---------------------------

Relationship to youth:	Choose an item.
------------------------	-----------------

Current or last known address:	Click here to enter text.
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Phone number:	Click here to enter text.
---------------	---------------------------

Email address:	Click here to enter text.
----------------	---------------------------

Preferred language:	Choose an item.
---------------------	-----------------

Marital status:	Choose an item.
-----------------	-----------------

Is parent employed?	Choose an item.
---------------------	-----------------

If yes, where?	Click here to enter text.
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(B) Other Important Adults (not limited to blood relatives; includes fictive kin)	
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Adult relatives important to youth	
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Name:	Click here to enter text.
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Relationship to youth:	Choose an item.
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Address:	Click here to enter text.
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Phone number:	Click here to enter text.
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Email address:	Click here to enter text.
----------------	---------------------------

Name:	Click here to enter text.
--------------	---------------------------

Relationship to youth:	Choose an item.
------------------------	-----------------

Address:	Click here to enter text.
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Phone number:	Click here to enter text.
---------------	---------------------------

Email address:	Click here to enter text.
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(C) Siblings

Siblings, including half- and stepsiblings

Sibling Name: Click here to enter text.
Date of Birth: Click here to enter text.
Age: Click here to enter text.
With whom does sibling live? Click here to enter text.
Is the sibling full, half, or step? Choose an item.
Address: Click here to enter text.
Is sibling currently in placement? Yes No
Was sibling previously in placement? Yes No

Sibling Name: Click here to enter text.
Date of Birth: Click here to enter text.
Age: Click here to enter text.
With whom does sibling live? Click here to enter text.
Address: Click here to enter text.
Is sibling currently in placement? Yes No
Was sibling previously in placement? Yes No

Sibling Name: Click here to enter text.
Date of Birth: Click here to enter text.
Age: Click here to enter text.
With whom does sibling live? Click here to enter text.
Address: Click here to enter text.
Is sibling currently in placement? Yes No
Was sibling previously in placement? Yes No

Sibling Name: Click here to enter text.
Date of Birth: Click here to enter text.
Age: Click here to enter text.
With whom does sibling live? Click here to enter text.
Address: Click here to enter text.
Is sibling currently in placement? Yes No
Was sibling previously in placement? Yes No

SECTION 7: Education Information

Most recent school attended: Click here to enter text.
Contact person at that school: Click here to enter text.

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Most recent grade attended:	Click here to enter text.
Most recent grade completed:	Click here to enter text.
Prior school attended:	Click here to enter text.
Dates:	Click here to enter a date.
Grade(s):	Click here to enter text.
Prior school attended:	Click here to enter text.
Dates:	Click here to enter a date.
Grade(s):	Click here to enter text.
Does youth currently have an IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Classification:	Click here to enter text.
Credits earned toward high school diploma:	Click here to enter text.
Regents exams passed:	Choose an item.

SECTION 8: Health and Behavioral Health Checklist

Check the column that best applies for each row in the table below.

	Is this an immediate safety concern currently?	Has the youth had this within most recent six months?	Prior to six months ago?	Unknown if this applies to youth?	Notes
Medical Status					
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Any Medical Restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Contracted Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Dietary Restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Emergency Medical Care Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Exposure to Contagious Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Medical Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Physical Handicap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Seizures/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Behavioral Concerns					
Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

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Drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Encopresis (feces soiling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Enuresis (bed wetting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Fire Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Gang involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Hurting animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Impulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Lying/story telling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Oppositional/Defiant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Peer issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Physically aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Running away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Sexual abuse victim (familial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Sexually aggressive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Mental Health/Developmental					
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Developmental disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Gender dysphoria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Hallucinations/delusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Hospitalization for behavioral health reason(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Learning/educational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Neurological impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Psychiatric hospitalization(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Self-injurious behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Sleeping disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

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Thoughts or talk about suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Youth was abused and/or neglected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
No concerns at this time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

SECTION 9: Current Health Information

Primary Care Physician Name [Click here to enter text.](#)

Office Address [Click here to enter text.](#)

Phone Number [Click here to enter text.](#)

Dentist Name [Click here to enter text.](#)

Office Address [Click here to enter text.](#)

Phone Number [Click here to enter text.](#)

Clinical Therapist Name [Click here to enter text.](#)

Office Address [Click here to enter text.](#)

Phone Number [Click here to enter text.](#)

Prescribing Psychiatrist [Click here to enter text.](#)

Office Address [Click here to enter text.](#)

Phone Number [Click here to enter text.](#)

Other Medical Provider [Click here to enter text.](#)

Office Address [Click here to enter text.](#)

Phone Number [Click here to enter text.](#)

PHYSICAL AND BEHAVIORAL HEALTH DIAGNOSES

Does the youth have any current physical or behavioral health diagnoses? If yes, please complete this grid. If there is a document that provides this information, please note that and attach the document. The information does not have to be retyped here. Yes No

DSM Code, if applicable	Rule Out	Description	Diagnosis made by	Date of diagnosis
				Click here to enter a date.
				Click here to enter a date.
				Click here to enter a date.
				Click here to enter a date.

SECTION 10: Medication

(A) Is the youth currently prescribed any medications including over-the-counter medications? If the youth is currently prescribed medication, please complete this grid. Yes No

Medication	Diagnosis related to this medication	Prescriber Contact Info	Does the youth regularly take the medication as prescribed?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

(B) Was the youth on a different dosage of any medication listed above in the past? If yes, please list the medication, dosage and reason for dosage change. Yes No

Medication	Issue(s)

SECTION 11: Youth’s Interests and Additional Information

What interests does the youth have currently or had in the past? (e.g., leisure activities, sports, academics, activities with family, activities with peers, etc.)
[Click here to enter text.](#)

Please record any additional information about the youth that may impact placement or successful transition back to the community
[Click here to enter text.](#)

SECTION 12: Attachments to the Referral

Please include all available, relevant information with the referral form, including but not limited to those listed below. Please indicate whether documents not attached are available.

Document	Copy attached	Not attached but available	Not attached: unknown if available/not applicable	Where can documents not attached be obtained?
General Information				
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Medicaid or Third-Party Insurance Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parental Consent Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driver's License, Learner's Permit, or NYS ID Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immigration Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Probation/Court Records (if applicable)				
Court Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PDI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
YASI (Complete)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
YASI Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
YASI Wheel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LDSS Records				
LDSS History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
History of Prior Placement(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Independent Living Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Most Recent FASP (if family known to LDSS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Summary from prior service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transition Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral Health Assessments/Evaluations				
Alcohol Screening/Assessment/Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Drug Screening/Assessment/Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatric Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Psychological Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health Records				
Capacity to Consent, Medical Consent Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immunization Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Most recent physical health exam results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Educational Records				
BOCES Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Most recent report card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Records from most recent school attended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transcript with HS credits earned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vocational/Work Records				
Records from vocational programs attended/completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PART C: Agency Decision
To be completed by the EMPOWER program and returned to the LDSS.

Did the agency accept the youth for admission into the EMPOWER program? Yes No

If the youth was not accepted for admission, please explain the reason(s) for this decision.

Click here to enter text.

If the youth was accepted for admission, was the youth actually admitted? Yes No

If not, please explain (e.g., the LDSS decided to place the youth in a different program, the youth required a higher or lower level of care, youth was hospitalized, etc.)

Click here to enter text.

Other information relevant to the referral and admission process

Note: The completed CRPs must be maintained in the youth's case record and should also be uploaded into CONNECTIONS.