

Referral Process for Intakes at Extended Family Academy

1. Send all referral forms to the main office at (814) 623-1715. Please be sure to include all specific information regarding your goals for the student and the reason(s) for the referral. All areas must be addressed. Please contact our Intake Specialist if you have any questions regarding the referral form or process.
2. Be aware that if the student has an IEP, it must be current, and include a NOREP changing the student's placement. (Out-dated IEPs are the responsibility of the home school district).
3. Our team will review the referral to determine acceptance and will then pass it on to the appropriate Intake Specialist.
4. The Intake Specialist will then make the appropriate contacts to schedule the intake meeting. Once the intake paperwork is completed, a call will be made to the district to determine a start date and to make transportation arrangements.

Procedure:

1. Receive the referral from the referral source at our office.
2. Intake specialist will call contact person for further information. (when necessary)
3. Wait until all paperwork is gathered for the student.
4. Team may meet to discuss if the program is an appropriate placement.
5. Approval/Non-approval will be determined.
6. Intake specialist will contact the family to schedule the intake, school will be notified of the date and time.
7. Once intake is completed, intake specialist will contact the referral source to determine a start date and set up transportation.

***Please be advised that to further help our children and meet their needs, EFA has found it clinically necessary to screen the referrals and hold team meetings. We need to be absolutely confident that our children are being placed in the setting that is best suited for them.**

***The paperwork that is mandatory for review includes, but is not limited to, NOREPs, IEPs, any evaluations, family or behavior plans, current physical and immunization records, and current discipline referrals.**

**Intake Specialist Bedford/Blair Co. – Michelle Calhoun
michellec@extendedfamilyprograms.com
Primary Clinical Staff – Amanda Miller
amandam@extendedfamilyprograms.com**

This referral process has not changed over the past 15 years. We found it the most successful and complete. If you have questions you may either email Amanda at the above email or call the Administrative office.

M. Washington,, Program Director

11/09

EXTENDED FAMILY PROGRAMS

Referral Form – Elementary, Middle and Secondary

10565 Lincoln Highway Everett, PA 15537 * Ph: (814) 623-2220 * Fax: (814) 623-1715

Blair Co. (Hollidaysburg) _____ **Bedford Co. (Everett)** _____

Child's Name: _____ Age: _____ M/F Referral date: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____ PA Secure # _____

Home School: _____ Grade: _____ DOB: _____ SS#: _____

Referring Agency: _____ Contact Person: _____

Address: _____ Phone: _____

School Contact E-mail: _____

This referral is for the traditional school day (8:00 am to 3:00 pm)

*** Students must attend **at least 45 school days** and maintain a consistent positive behavior before staff will recommend the return to the home school district*** A review of the student's goals will be completed every **30 school days**.

Circle the estimated length of stay

45 school days 90 school days Remainder of the year

Other agencies involved with the child include:

- _____ Juvenile Probation _____ Children & Youth _____ Drug & Alcohol
- _____ CASSP _____ Foster Child (Foster Provider) _____
- _____ MH/MR _____ Outpatient Counseling: (agency) _____
- _____ Other: _____ _____ SAP Team

Copies of the following information (if applicable) MUST be submitted before consideration for enrollment:

- _____ IEP and NOREP (**reflecting** change in placement) _____ Permanent Record Card
- _____ Current Discipline Referrals _____ Latest Report Card
- _____ CYS Family Service Plan _____ Court Orders, Custody Papers, etc.
- _____ Psychiatric-Psychological information _____ Most recent Eval/ER
- _____ Most recent physical & immunization records _____ Functional Behavior Assessment

Has this child ever been in placement before? _____ YES _____ NO If yes, please describe.

Where, when, discharge date, disposition: _____

***Does this child have a current IEP? _____ YES _____ NO

***Date IEP completed: _____ IQ: _____ (required)

***If the student is 14 or older, does he/she have a transition plan incorporated with the IEP?

_____ YES _____ NO **If yes, indicate the responsible party for this service**

Home School/Contact: _____

IU-08/Contact: _____

Child's Name: _____

*****Reasons for referral/presenting problem: (You must check at least one and supporting documentation must accompany the referral).**

As defined under 24 P.S. 19-1901-C(5), alternative education for disruptive youth programs may admit students that demonstrate any or all of the following conditions: (Please check all that apply)

_____ Disregard for authority, persistent violation of school policy and rules

_____ Display or use of controlled substance on school property

_____ Violent or threatening behavior on school property, under 18 PA C.S. 912

_____ Commission of a criminal act on school property or during school-affiliated activities

_____ Misconduct that would merit suspension or expulsion

_____ Habitual truancy

***** School District goals: (Please indicate expected measurements/outcomes of progress for student to return to the district. Example: 80% of the time or 8 out of 10 times):**

***** List previous behavior interventions utilized by referring agency:**

As the referral source, I have informed the family about the reasons for referral, estimated length of stay, and the expectations for return to the home school.

YES NO

As the parent/guardian, I understand the reasons for the referral, the expectations of the referral source, and the length of stay for my child.

Signature of Parent/Guardian

Date

As the referring agency, I understand that I will seek and/or arrange funding for the above child's enrollment with Extended Family Programs.

Referring Source/Payment Authorization Date

It should be noted that each child will have an Individual Service Plan completed by EFA Staff within the first 30 days. Updates to that plan are completed on a regular basis. Parents, as well as other agencies involved with the child, will be invited to the ISP meeting. The EFA teacher will address any educational needs at that time.

All information marked with * MUST be completed before the referral will be accepted for review.
PLEASE FAX REFERRAL FORMS TO THE OFFICE AT (814) 623-1715**