



## REFERRAL DEMOGRAPHICS AND INFORMATION FORM

1751 Oak Plains Road, Ashland City, TN 37015 Ph: (931) 362-4723 Fax: (931) 362-2816

**Date:** \_\_\_\_\_

**Name of Youth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Sex: Male/Female**

**Youth's SSN:** \_\_\_\_\_

**Youth's Current Placement:** \_\_\_\_\_

**Youth's Legal Guardian:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Is Youth in DCS custody?: Yes or No**

**Does the Youth have Medicaid/TnCare/Amerigroup?:** \_\_\_\_\_

**Does the Youth have Private Insurance?:** \_\_\_\_\_

**Is the Youth currently receiving outpatient, residential, or acute treatment?:** \_\_\_\_\_

**Name of Referral Source:** \_\_\_\_\_

**Title of Referral Source/Agency:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Referral Source's Relationship to Youth:** \_\_\_\_\_

**How did you hear about us?:** \_\_\_\_\_

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