

Keala to Success Early-Intervention Program Referral Form

Eligibility requirements:

-Youth must be a Kaula'i resident between the age range of 12-18 years old

-Youth must be currently using a substance including drugs and/or alcohol

-Youth and guardian must commit to participate and complete the entire 4 week program along with the required assessments, documentation, and counseling sessions

_____ Youth's First Name	_____ Youth's Last Name	_____ DOB	_____ Gender
_____ Parent/Guardian	_____ Relationship to Youth	_____ Phone	
_____ Current Residence	_____ City	_____ Zip Code	_____ School / Grade Level

Referral Source:

Self DOE School Keala Foundation Staff CAMHD
 Parent/Guardian DHS Judicial System CMO
 Concerned friend/relative
Agency Name: _____

Name of referral source: _____ Contact Number: _____

*If referral made by agency, please provide aftercare plan and/or discharge summary

Reason for Referral/Behavioral Concern:

Please check all that apply

- Currently using substance(s)
- Academic failure (youth in danger of failing)
- Drop-out (Last day of school attendance? _____)
- Delinquent behavior (accumulation of more than 13 absences in the past SY)
- Violent behavior
- Persistent antisocial behavior
- Friends who engage in substance use
- Defiant towards authority figures
- Risky behavior
- Family discord

Is youth currently involved with Legal or Family Court? Y N or Unknown (If yes, please explain): _____

Physical Health Conditions: None	
Mental Health Diagnoses:	
Allergies:	
Current Medications: (Include dose & instructions)	
Last physical:	
Physical restrictions that would limit workout participation?	

Treatment Team	Contact Name	Phone & Email
DHS/CWS Social Worker		
CAMHD / CMO		
Probation Officer / Legal		
Therapist		
Psychiatric Prescriber / Med Management		

Please include the Following Documents for Keala to Success Early-Intervention Referral Packet

- Keala to Success Early-Intervention Referral Form
- Current CAFAS, Coordinated Service Plan (CSP)/ Clinical Management Plan (if CAMHD youth)
- Current IEP or 504 Plan, FBA, BSP (if applicable)
- Current mental health/emotional behavioral assessment (within past 12 months)
- Discharge/Aftercare plan (if applicable)
- Copy of legal guardianship documents (if CWS or parent is not involved)
- Proof of Kaua'i residency (State ID, Drivers License, Recent Report Card, or billing statement)

Next Steps:

- Submit referral form and documents to Intake Specialist via e-mail or in person
- Intake Specialist will contact you to schedule a phone intake (please allow 20-30min for this apt.)
- If youth meets eligibility requirements, an interview will be scheduled with youth, guardian(s), Program Director & Program Coordinator to review expectations of the program
- If youth is selected to participate, KSEIP staff will notify you via e-mail and/or phone call
- Documentation signatures collected
- Guardian to schedule therapy session with one of our Licensed Mental Health Provider

*Last updated on 10/25/2022