



REFERRAL FOR MDFT

Youth Name:		Date:
Youth DOB:	Caregiver Phone:	
Caregiver Name:	Relationship to Client:	
Address:		
Referred by:	Referred phone number:	

To meet MDFT Admission Criteria, the youth must:

- Be between the ages of 9 – 17.5
- Have Idaho Medicaid
- Have at least one caregiver who is willing and able to participate in the program.

The youth must exhibit disruptive behavior which places them at risk for out-of-home placement as evidenced by at least one of the following symptoms in the last 30 days: (Please check all that apply)

- Increasing and persistent symptoms of emotional distress (i.e. irritability, severe change in sleep and/or eating patterns, panic attacks, hypervigilance, dissociation, and self-harm).
- Substance use that is interfering in daily functioning and relationships.
- Repeated attempts to harm others, such as aggressive behaviors at home or school or other that could or has led to legal charges.
- Youth is returning from out-of-home placement and MDFT services is needed for successful integration back to community.

The youth is at risk for out-of-home placement in these settings:

- Juvenile Detention/IDJC commitment
- Respite care
- Hospitalization/Residential care
- Child Welfare/Foster Care
- Challenge Academy/Group Home
- Other:

Please include any additional information: