



**MST Program Referral Form**  
**ZEPF Mental Health Center**  
**Child & Adolescent Services**  
 (Please print clearly)

Referral Date: \_\_\_\_\_

|                                                                                                                            |                        |
|----------------------------------------------------------------------------------------------------------------------------|------------------------|
| Youth Name:                                                                                                                | Address:               |
| Date of Birth:                                                                                                             | Telephone (all known): |
| Legal Status: Probation Services                                                                                           | Current IQ (if known): |
| Parent/Guardian/Caregiver:                                                                                                 |                        |
| Household Member Names:                                                                                                    |                        |
| Key Participants involved:                                                                                                 |                        |
| Type of Insurance:                                                                                                         | School:                |
| Is Youth Currently Involved in Mental Health and/or AoD Services? <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| [If Yes, Please provide name of provider and clinician(s)]:                                                                |                        |
| Probation Officer:                                                                                                         | PO Email & Phone:      |

**Criminal History and/or Current Charge: See Attached Priors**

| Youth Behavioral Characteristics                                            | Youth-School Characteristics                                                   |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Violent behavior causing injury                    | <input type="checkbox"/> Expelled or dropped out of formal education           |
| <input type="checkbox"/> Non-violent aggressive behavior                    | <input type="checkbox"/> Attending alternative school setting – not mainstream |
| <input type="checkbox"/> Crimes against person (e.g., robbery, theft)       | <input type="checkbox"/> Multiple suspensions for problem behavior             |
| <input type="checkbox"/> Crimes against property                            | <input type="checkbox"/> High association with antisocial school peers         |
| <input type="checkbox"/> Drug-related criminal offending                    | <input type="checkbox"/> Low affiliation with pro-social school peers          |
| <input type="checkbox"/> Drug abuse or dependence                           | <input type="checkbox"/> Poor relationships with school staff                  |
| <input type="checkbox"/> Evidence of drug use                               | <input type="checkbox"/> Attendance problems – risk of expulsion               |
| <input type="checkbox"/> Status offending (e.g., curfew, underage drinking) | <input type="checkbox"/> Academic problems – risk of failure                   |
| <input type="checkbox"/> Non-compliance with probation or court order       |                                                                                |
| <input type="checkbox"/> Non-compliance with family rules & expectations    | <b>Youth-Peer Characteristics</b>                                              |
| <input type="checkbox"/> Family is very active in youths treatment          | <input type="checkbox"/> Gang membership or strong affiliation                 |
| <input type="checkbox"/> Family is willing to continue to assist youth      | <input type="checkbox"/> High affiliation with mostly antisocial peers         |
| <input type="checkbox"/> Other:                                             | <input type="checkbox"/> Mixed antisocial and pro-social peers                 |
| <input type="checkbox"/> Other:                                             | <input type="checkbox"/> Low affiliation with pro-social peers                 |

**Desired Outcomes for referral to MST services**

(Please place an "H" in areas you see as having highest priority. Please place checkmark in other target areas):

|                                                                               |                                                      |
|-------------------------------------------------------------------------------|------------------------------------------------------|
| _____ Retain in school/vocational efforts.                                    | _____ Improve family problem solving skills.         |
| _____ Reduce substance use.                                                   | _____ Reduce mental illness symptoms.                |
| _____ Improve youth and family behavioral management skills.                  | _____ Improve family communication and cohesiveness. |
| _____ Improve youth and family pro-social involvement and peer relationships. | _____ Reduce aggressive and criminal behaviors.      |
| _____ Prevent out of home placement.                                          | _____ Other:                                         |
| _____ Other:                                                                  | _____ Other:                                         |

**PLEASE ATTACH THE FOLLOWING IN YOUR REFERRAL PACKET IF AVAILABLE**

Summary of Prior Offending       Recent Mental Health Evaluation       Recent Educational Evaluation

**Disposition Decision:**

Accepted for MST Services     Family Signed Agreement to Participate    Date Services Initiated \_\_\_\_\_

Not Accepted:     Inappropriate for MST Services;     Service Not Available;     Other Reason:

