



Juvenile Justice Youth Placement Referral Checklist

Youth's Name: _____ DOB: _____ TFACTS ID: _____
County: _____ Region: _____
Family Service Worker: _____ Team Leader: _____

Note: This form is a checklist to ensure all required documents are included when compiling a youth placement packet.

I. For ALL Level Placements I-IV and YDC

- ☐ Cover Letter or [YDC Justification Letter or Waiver Request \(CS-0585\)](#)
- ☐ [Initial Intake, Placement Referral, Checklist and Well-Being Assessment\(s\) Information and History \(CS-0727\)](#)
- ☐ [Authorization for Routine Health Services \(CS-0206\)](#)
- ☐ [Informed Consent for Psychotropic Medication \(CS-0627\)](#) (if needed)
- ☐ Current Medication Information and [Medication Transfer \(CS-0813\)](#) (if needed)
- ☐ Medical and Mental Health Records relative to Current Treatment
- ☐ Psychological Assessment(s) (within last 3 years, if needed)
- ☐ Immunization Records
- ☐ CFTM Summary and Signature page
- ☐ CANS Assessment
- ☐ Commitment Order and Court History (within 30 days)
- ☐ TNCare Card or Letter (**Non-YDC youth only**)

II. Upon Receipt of Documents (forward directly to placement)

- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ Education Passport (to include transcripts, grade and behavior reports, IEP, assessments)
- ☐ Other Psychiatric Assessments (within last 3 years, if needed)
- ☐ Current Permanency Plan
- ☐ Discharge Summary from Prior Treatment (if applicable)
- ☐ EPSDT Information (if completed)
- ☐ Other (including information requested by Providers) _____

* Refer to [DCS Policy 16.46 Child Youth Referral and Placement](#) and [DCS Policy 18.34 Criteria for Referral and Placement of Youth in a Youth Development Center](#) for submission timeframes.

Completed By: _____ Date: _____