



PRTF Basic Referral Form

Before KidsTLC can **accept** any youth into their PRTF Program the following form must be completed and returned to Intake staff. This applies to both state-custody and privately placed youth:

Youth's Name: _____
First Middle Last

DOB: ____ / ____ / ____ **SS#:** _____

Case Manager/Parent/Guardian: _____

Address: _____

Phone: _____ **Fax:** _____

Email Address: _____

After Hours Contact (Name & Number) (State Youth only): _____

Medical Concerns (Heart murmur, diabetes, seizures, etc.): No Yes

If yes, please explain: _____

Allergies: **Food:** No Yes **Drug:** No Yes

If yes, please list: _____

Referring Behaviors: _____

Current Diagnosis: _____

List of Medications: _____

**We'd like the actual medications themselves, but will accept a current list.*

Does the youth have an IEP: No Yes

Required Documents to Admit (applies only to state custody youth):

- Notarized Medical Consent KanCare/MCO Kansas Medicaid Card
- Release of Confidential Information

NOTE: For privately placed youth these forms will be completed during the admission process.