

Youth Crisis Intervention Center

Winnebago, Nebraska 68071 (402) 878-2046
YCIC Prevention Services Referral Form

- Delinquency Outreach Programming Suicide Prevention Alcohol/Drugs
 Crime Victims' Rights Advocate Culture Prevention Program
-

Client Information

Youth Name: _____ Date: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Tribal Affiliation: _____

Is the youth currently receiving mental health services? Yes No

Location: YCIC Assessment Unit Winnebago Behavioral Health Other

Please list Other: _____

Educational Background

School: _____ Current Grade Level: _____

Parental Information

Parent/Guardian Name: _____ Contact Number: _____

Emergency Contact: _____ Contact Number: _____

Suicide Assessment:

Have you had suicidal thoughts within the past 3-6 months? Yes No

If Yes, Please Explain: _____

Do you have a plan? Yes No

If Yes, Please Explain: _____

Do you have the means to complete your plan? Yes No

If Yes, Please Explain: _____

Referred From

Tribal Program School Other Specify Entity: _____

Reason for Referral: _____
