

NOMINATION REQUEST FOR
PENNYROYAL IMPACT PROGRAM

APPLYING FOR ____IMPACT ____IMPACT PLUS

Cost Ctr____
Prior Code____
Date Received

Child's Name	Date of Birth	Sex
Social Security Number	County of Residence	Ethnicity

1. FAMILY/PARENTAL INFORMATION

With Whom Does the Child Live?	Relationship	Phone #
Home Street Address	City	State Zip
*Is the above individual the child's legal guardian? yes no		
*Has the child's legal guardian participated in or been informed of this nomination request? yes no		

2a. Medicaid Card Yes ____ No ____
If Yes, Medicaid # _____

2. HUMAN SERVICE AGENCIES INVOLVED

Indicate all agencies that are involved with the child and list the agency contact person.		
yes no	Department for Social Services	Worker:
yes no	Pennyroyal Regional Mental Health/Mental Retardation.	Therapist:
yes no	Court Designated Work	Worker:
yes no	Public School (Specify: _____)	Contact Person:
yes no	Other (Specify: _____)	Contact Person:

3. EDUCATION

Current Grade Placement	Name and Results of Most Recent Academic Testing	Date of Testing
Name and Results of Most Recent I.Q. Testing		Date of Testing
*Is the Child currently receiving Special Education Training?		yes no
*Does the Child have a history of truancy from School?		yes no

4. HISTORY OF ABUSE AND/OR NEGLECT

*Has the Child ever been the victim of Neglect, Emotional, Physical, or Sexual Abuse	yes no
If yes, Specify Type(s) and Severity	

5. HISTORY OF OUT-OF-HOME PLACEMENTS

*Has the Child ever been placed away from his/her home, except for informal stays w/family members.	yes no
If yes, Specify Type(s) of Placement(s)	Also Specify Date of Discharge from last Placement

6. HISTORY OF MENTAL HEALTH SERVICES

*Has the Child ever received services from a Mental Health Professional?	yes no
If yes, specify Most Recent DSM-IV Diagnosis	
*Is the Child Currently Prescribed Medication(s) for an Emotional, Behavioral, or Psychiatric Disorder?	yes no
If yes, Specify Medication(s) and Dosage(s)	

7. HISTORY OF DELINQUENT CONDUCT

*Has the Child ever been involved with the Juvenile Justice System in Kentucky or any other State?	yes	no
If yes, specify Type(s) and Severity		

8. HISTORY OF SUBSTANCE ABUSE

*Does the Child Have a History of Substance Abuse?	yes	no
If yes, Specify Substance and Extent of Abuse		

9. PHYSICAL HEALTH/DISABILITIES

*Does the Child have a diagnosed or suspected Physical Health Problem?	yes	no
If yes, Specify Type and Extent of Problem		

10. BEHAVIORAL DESCRIPTORS

Indicate the severity of each of the following by circling the most fitting descriptor			
1. Physically assaults peers	n ever	sometimes	frequently
2. Physically assaults adults	n ever	sometimes	frequently
3. Verbally or physically threatens people	n ever	sometimes	frequently
4. Damages or destroys possessions of others	n ever	sometimes	frequently
5. Sets fires	ne ver	sometimes	frequently
6. Does not get along with other children	n ever	sometimes	frequently
7. Exhibits strange or bizarre behavior	n ever	sometimes	frequently
8. Hallucinates	ne ver	sometimes	frequently
9. Runs away from home (or placement)	n ever	sometimes	frequently
10. Deliberately harms self or attempts suicide	n ever	sometimes	frequently

Give a brief description of the Child's behavior or circumstances that led to this referral.
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11. REFERRAL SOURCE

Name of Individual Making Referral	Title	Agency/Organization
Address of Person Making Referral	Contact Phone Number	Date Completed

SEND ALL NOMINATION REQUESTS TO: PENNYROYAL IMPACT, 676 NORTH DRIVE, BRICKYARD PLAZA, HOPKINSVILLE, KY 42240

THIS SPACE FOR IMPACT PROGRAM OFFICE USE ONLY			
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