



Complex Trauma Referral Cover Sheet

Referral of a Child/Youth with Complex Trauma as a Single Qualifying Condition in order to Establish Eligibility for Health Home.

Required Information

Child's Name: Referral Source Name: Relationship:
DOB: Agency (if appropriate):
Child's Current Address: Address:
Medicaid #: Phone:
Parent/Guardian Name: Medical Consent: (if Different)
Address: Name:
Phone: Address:
Phone:

Date of Referral:

Complex Trauma Exposure Screening Form (attach screen)

Completed By:
Date of Screening:

Reason for Referral (Brief narrative, please include any details on events, behaviors, etc. that prompted the referral):

Four horizontal lines for entering the reason for referral.

Optional/Desired Information

Completion of this cover sheet and the complex trauma exposure screen is sufficient for referral. Providing the following information may facilitate timeliness of the referral.

Last School Attended

Name:
Address:
Contact Person:

Behavioral Health

Provider Name:
Address/Phone:
Contact Person:

Foster Care / DCYF

County / Agency Name:
Address / Phone:
Contact Person:

Other Collateral

Provider Name:
Address / Phone:
Contact Person:

Primary Care / Pediatrician

Name:
Address / Phone:

Attached Documentation

Psychiatric
Psychological
Medical / Physical
School Information
Other:



Complex Trauma Exposure Screen (CTES)

Please indicate whether the child experienced the following types of traumatic events using all available information (e.g. self- or caregiver report, review of records, etc.). Conduct a **brief** interview with the child only if you do not already have enough information to make a determination about complex trauma exposure. To avoid undue distress, ask only about types for which you do not already have information. If information for a particular trauma is known, *do not request additional details from the child* for that type. For example, if the child has a documented history of physical neglect, endorse "Y", and move on to the next category. *Once the presence of 2 or more trauma types has been reported (or 1 lasting greater than 6 months), discontinue the interview portion of the assessment.*

Sources of Information (check all that apply): Parents/Caregiver Chart/Records Review
 Child/Youth Report Other (specify):

Prompts/Questions <small>(suggested prompts/questions for assessing trauma exposure within each category)</small>	Trauma Type	Present? Y/N	> 6 mos?
Was there a time when adults who were supposed to be taking care of you didn't? Has there ever been a time when you did not have enough food to eat? Did a parent or other adult in the household often ... Swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?	Physical/Emotional Neglect Or Emotional Maltreatment		
Have you lived with someone other than your parents/caregiver while you were growing up (because they couldn't take care of you or you were kicked out)? Have you ever been homeless? This means you ran away or were kicked out and lived on the street for more than a few days? Or you and your family had no place to stay and lived on the street, or in a car, or in a shelter?	Displacement		
Have you lost a primary caregiver through death, incarceration, deportation, migration, or for other reasons? Have you been left in the care of different people due to parental incapacity or dysfunction, even if your primary place of residence did not change? Have you had two or more changes in your primary caregiver or guardian, either formally (legally) or informally?	Attachment Disruption		
Has anyone ever made you do sexual things you didn't want to do, like touch you, make you touch them, or try to have any kind of sex with you? Has anyone ever <i>tried</i> to make you do sexual things you didn't want to do? Has anyone ever forced you (or tried to force you) to have intercourse?	Sexual abuse Sexual assault/rape		
Have you ever been hit or intentionally hurt by a family member? If yes, did you have bruises, marks or injuries?	Physical Abuse		
Have you ever <i>seen</i> or <i>heard</i> someone in your family/house being beaten up or Have you ever <i>seen</i> or <i>heard</i> someone in your family/house get threatened with harm?	Domestic violence		
Have you ever <i>seen</i> or <i>heard</i> someone being beaten, or who was badly hurt? Have you seen someone who was dead or dying, or <i>watched</i> or <i>heard</i> them being killed? Has anyone ever hit you or beaten you up (physically assaulted you)? Has anyone ever threatened to physically assault you (with or without a weapon)?	Community Violence (chronic) or Interpersonal Violence (episodic)		
Did other children often tease or insult you, put you down, or threaten you physically? Did they spread lies about you or turn other people against you?	Bullying		
Have you or anyone in your family been involved in, or <i>in direct danger</i> from a terrorist attack, war, or political violence?	Terrorism/War/ Political Violence		
Has anyone ever stalked you? Did anyone ever try to kidnap you?	Stalking/Kidnapping		
Is there anything else really scary or very upsetting that has happened to you that I haven't asked you about? Sometimes people have something in mind but they're not comfortable talking about the details. Is that true for you?	Other trauma		
Number of different types of traumas experienced (total # Trauma Types = Yes)			
Number of chronic traumas experienced (total # Trauma Types Experienced for more than 6 months)			

If number of Trauma Types = 2 or greater: Refer child to Health Home for Further Assessment.
 If 1 Trauma type lasting > 6 months (i.e. chronic): Refer child to Health Home for Further Assessment.

* Prompts derived from Trauma History Checklist & Interview.