Thank you for your referral for the Ellis Human Development Institute.

To make a Montgomery County Department of Jobs and Family Services- Children Services Division referral, please complete the attached MCDJFS Intake Packet and send to:

Ellis Human Development Institute
9 N. Edwin C. Moses Blvd.
Dayton, OH 45402

Or Fax to 937-775-4311

Referrals to the Ellis Institute must contain the following information in order to meet regulatory requirements and initiate a diagnostic assessment. If you have any questions about the enclosed information, please call 937-775-4300 and our clinical staff will be happy to assist with the referral process.

After we have the completed information, we will contact the foster parent, prospective adoptive parent, or the caseworker to schedule an intake appointment. Please identify who we should contact:
- Foster Parent
- Prospective Adoptive Parent
- MCDJFS Caseworker
- Other:__________

**Intake Packet Checklist**—Please complete all of the following forms in their entirety and send them to the address listed above:

- A copy of the current Custody Order or a statement on agency letterhead stating that your agency currently has custody of the child. The Custody Order must be received before the appointment can be scheduled.

- A release of information for the foster parent(s) and/or prospective adoptive parent unless it is requested that they not be a part of the assessment or treatment process.

- Any additional releases for other persons, agencies, or schools should be included.

  Note: A release of information is not necessary between Ellis Human Development Institute and your organization if you have custody of the child. Release forms can be copied.

- MCDJFS-CSD Intake Referral Information Form

- Parent Background Form: please complete all 9 pages

- Health History Questionnaire: please complete all 4 pages through the top of page 4 (signature of person completing this questionnaire)

- Previous evaluations which are currently available (e.g., school ETR/IEP, Diagnostic Assessment from counselor or psychiatrist, evaluations conducted by MCDJFS, Child Study Inventory)

- Childhood Trust Survey: to be completed by an adult who is aware of the child’s trauma history

- A signed copy of the Consent for Treatment and Client Orientation Checklist, giving permission to Ellis to provide services. Please initial and sign as indicated on the form.

- Disclosure Statement: Please enter the child’s name at the top and sign the form at the bottom. Once the case is assigned to a clinician, we will fax you a copy of the form with the clinician’s name and supervisor’s name for your records.

  Note: A copy of the Ellis Humans Development Institute’s Note of Privacy Practices is also included with this packet for your review. There is also a link to our Notice of Privacy Practices on our website.