REFERRAL FORM FOR THE ROC CLUBHOUSE

Name: ________________________________ Middle Initial: _______ SSN: _______________________

Referral Date: ____________________

Address: _____________________________ City: _________________________ Zip: ________________

County: ____________ Home Ph: __________________ Birth Date: ___________ Age: ____ Race:__________

Legal Guardian: ____ Parent DFCS Other: _________________

Insurance: Indigent/Self-Pay Medicaid Private: ____

Medicaid/Insurance Number: ____

Living Situation: Priv. Residence Shelter Correctional Facility Foster Care Group Home

Other: _______________

Caregiver Resources: Inability to meet basic needs of youth Potentially dangerous environment Impairment in CG judgment-functioning CG hostile/rejecting towards youth Alleged/actual abuse in home Domestic violence Parental illegal activities

Referring Agency: COURT DFACS DJJ SCHOOL OTHER HRH Staff_________

Contact Person: _____________________________________ Ph:________________________________

Secondary Contact: __________________________________ Ph: ________________________________

Caseworker: ____ Ph: ________________________________

Fax: _______________________________

Presenting Circumstances: (i.e., recent episode of behaviors/symptoms that require services at this time):

Services within the past year: Psychiatric Individual Counseling Family Counseling Group Counseling Day Services Substance Abuse Intensive Family Therapy Community Support Other: _____________

Has the child had a Biopsychosocial completed? Yes No **If yes, please attach to referral**

Education: School: _________________________ Grade: _____ Phone: _________________ Contact: ______________

Regular Classroom EBD/Psychoeducation Special education Alternative School

Currently: **Active** Suspended Expelled Inactive

Signature of Referring Person: ____ Phone: __________________________

Referral Email: rocreferral@highlandrivers.org