

REFERRAL FORM FOR THE ROC CLUBHOUSE

"REACHING OUR COMMUNITY"

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@highlanddrivers.org

