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Blended Case Management Referral

PLEASE FAX BACK REFERRAL WITH EVALUATION

BLENDED CASE MANAGEMENT -- PLEASE FAX -- (724) 452-2395
ATTN: REBECCA HENRY
AND INCLUDE PSYCH EVALUATION WITH REFERRAL

□ **Beaver County**
□ **Butler County**

REFERRAL DATE:	CLIENT NAME:	
DATE OF BIRTH:	AGE:	GENDER:
SOCIAL SECURITY #		RACE:
PRIMARY INSURANCE:		GROUP / MA #
SECONDARY INSURANCE:		GROUP / MA #

CLIENT ADDRESS:	EMERGENCY CONTACT:
	RELATIONSHIP:
	PHONE #
CLIENT PHONE: PREFERRED METHOD OF CONTACT -- CALL / TEXT	

IS THE CLIENT AWARE THIS REFERRAL IS BEING MADE? ☐ **YES** ☐ **NO**

REFERRING AGENCY ________________________________ **STAFF NAME / TITLE** ____________________________

REASON FOR REFERRAL:

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DIAGNOSIS / CURRENT MEDICATIONS:

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Blended Case Management Referral

Parent Information N/A BIOLOGICAL MOTHER BIOLOGICAL FATHER

NAME: ________________________________ NAME: ________________________________ ADDRESS: ______________________________ ADDRESS: ______________________________ ____ ____ PHONE: ________________________________ PHONE: ________________________________

Legal Guardian Information N/A RELATIONSHIP: _________________________ RELATIONSHIP: __________________________

NAME: ________________________________ NAME: _________________________________ ADDRESS: ______________________________ ADDRESS: _______________________________ ____ ____ PHONE: ________________________________ PHONE: _________________________________

IS CLIENT CURRENTLY HOSPITALIZED? ☐ YES ☐ NO D/C DATE ____________________

Treatment History

	6 OR MORE DAYS OF PSYCHIATRIC INPATIENT TREATMENT IN THE LAST 12 MONTHS
	HAS MET THE STANDARDS FOR INVOLUNTARY TREATMENT IN THE LAST 12 MONTHS
	CURRENTLY RECEIVING / IN NEED OF 2 OR MORE SERVICES (please list)
	MISSED 3 OR MORE COMMUNITY MH APPOINTMENTS IN THE PAST 6 MONTHS (adults only)
	HAS HAD 2 OR MORE FACE TO FACE ENCOUNTERS WITH CRISIS OR EMERGENCY SERVICES IN THE PAST 12 MONTHS (adults only)
	DOCUMENTATION CLIENT HAS NOT MAINTAINED MEDICATION REGIME FOR 30 DAYS
FUNCTIONING LEVEL (please check one)	
	GAF SCALE RATING OF 60 OR BELOW FOR ADULTS / 70 OR BELOW FOR CHILDREN

	CLIENT RECEIVING ICM / RC / BCM SERVICES AS A CHILD AND RECOMMENDED / APPROVED FOR CONTINUATION OF SERVICES

Current Agency Involvement

		AGENCY NAME	CONTACT PERSON	PHONE #
	LTSR			
	CRR			
	OP			
	CATHOLIC CHARITIES			
	MH / MR			
	BHRS			
	PUBLIC ASSISTANCE			
	D/A			
	SOCIAL SECURITY			
	VOCATIONAL REHABILITATION			
	MHA			
	ADULT / JPO			
	HUD			
	VOICE			
	LIGHTHOUSE			
	OTHER			

Services Needed

	INCOME	
	CONNECTING TO SOCIAL SERVICES	
	D/A TREATMENT	

	EMPLOYMENT	
	EXPAND SOCIAL SUPPORT SYSTEM	
	HOUSING	
	IN NEED OF BENEFITS	
	LACK OF FAMILY INVOLVEMENT	
	MEDICAL	
	MH CONCERNS	
	EDUCATIONAL CONCERNS	
	ATTENTION TO ADLs	
	OTHER	

UPDATED 7/26/2021