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| **REFERRAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referral Date** | |  | | | | | | | | | | | | | | | **Time** | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referral by** | |  | | **Phone** | | | | |  | | | | **Fax** | |  | **Mail** | | | | |  | | | | **Walk In** | | | | | | | |
| PERSONAL INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Client Name** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Last Name First Name Middle Name*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Client Address** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home Phone** | |  | | | | | | | | | | | | | **Cell** | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent #1 /Guardian Name** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone** |  | | | | | | | **E-mail** | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sole Custody** | |  | | | | **Yes** | |  | | | | **No** | | |  | | | | | | | | | | | | | | | | | |
| **SHARED CUSTODY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone** | |  | | | | | | | | **E-mail** | | | | |  | | | | | | | | | | | | | | | | | |
| **DHHS CUSTODY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DHHS Contact** | |  | | | | | | | | | | | | | | | **Phone** | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Social Security** | |  | | | | | | | | | | | | | | | **Date of Birth** | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age** |  | | | | **Sex** | | |  | | | **Male** | | | |  | | **Female** | | | | | | |  | | **InterSex** | | | | | | |
| **Preferred Pronouns** | | |  | | **She, Her, Hers** | | | | | | | | | |  | | **He, Him, His** | | | | | | |  | | **They, Them, Theirs** | | | | | | |
| **SERVICES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Service**  **Requested** | | | | | | |  | **Adult O/P** | | | | | |  | **Child O/P** | | | |  | | **\*HCT USE**  **STATE FORM** | | | | | | | | |  | **TCM** | |
| **DX** |  | |
| **Services to be provided** | | | | | | | | | | | | | |  | **Client’s Home** | | | | | |  | **Office** | | | | | | | | |  | **Either** |
| **Person placing referral** | | | | | | | **Mom** | | | | | | | | | | | | | | **Tel** | | | | | |  | | | | | |
| **OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MaineCare #** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MaineCare Verified** | | | | | | | **(Initial)** | | | | | | | | | | | | | | **Date** | | | | | | |  | | | | |
| **CLIENT NEEDS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the client / family feel this is a crisis?** | | | | | | | | | | | | | | | | | |  | | | **Yes** | | | | |  | | | **No** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are crisis services needed?** | | | | | | | | | | | | | | | | | |  | | | **Yes** | | | | |  | | | **No** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR ADULTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you considering harming others?** | | | | | | | | | | | | | | | | | |  | | | **Yes** | | | | |  | | | **No** | | | |
| **Are you considering harming yourself?** | | | | | | | | | | | | | | | | | |  | | | **Yes** | | | | |  | | | **No** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason seeking services:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Outcome desired by client/family:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is this child involved w/ special education services?** | | | | | | | | | | | | | | | | | | | |  | | **Yes** | | | |  | | | **No** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the client currently have a Case Manager?**  **If “yes”, please provide information below.** | | | | | | | | | | | | | | | | | | | |  | | **Yes** | | | |  | | | **No** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Case Manager** | | | | | | | |  | | | | | | | | | | | | | **Email** | | | | |  | | | | | | |
| **Case Management Agency** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency Address** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency Phone** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Phone Info** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Person**  **Taking the Referral** | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |