



REFERRAL FORM

Client Name: _____

Parent or legal guardian: _____
(Name)

(Address) (city) (state) (zip)
Parent/Legal Guardian email: _____

Are parental rights terminated? Mother YES NO Unsure Father YES NO Unsure

If unsure, please explain: _____

Who will be funding this youth's placement? _____

Current Placement and contact information to set up intake assessment: _____
Current Placement Name

Phone Number Email Address

Medicaid# _____ Social Security# _____

Trails ID# _____

In addition to Medicaid, does this youth have any other health insurance? YES NO
If yes, please specify the provider. If the youth has Medicaid through CHP+, please indicate. _____

Legal Status: Delinquency D&N Voluntary DYS Parole DYS Committed Youth in Transition

Caseworker/Client Manager: _____
Name email
Phone (area code and number) _____ - _____

PO Name and Contact Information: _____
Name email
Phone (area code and number) _____ - _____

GAL Name and Contact Information: _____
Name email
Phone (area code and number) _____ - _____

Number of hospitalizations: _____ Why? _____
 Suicide Attempts Suicidal Ideation Medical Danger to Others

Has the client had a prior Third Way Center placement? YES NO Unsure

For Mental Health Partnering Pay Sources: Is the youth approved by their home school district for educational funding at the PRTF, QRTP, or RCCF level of care. YES NO

Current Medication(s): _____

Are there any contact restrictions? YES NO
If yes, please list restrictions: _____

Please include the following information with this referral form

- Independent Assessor Report, if available (Required for QRTP placement)
- Enhanced Screening Assessment (ESA)
- Psychological/Neuropsychological Evaluations and all testing, including IQ/IEPs
- If youth is offense specific; History and Maintenance Polygraphs, Monthly Treatment Reviews/updates of previous treatment
- Placement history and discharge summaries from previous placements
- Family Treatment/ Service Plan
- Any medical information that may pertain to their mental health
- Health Passport (date of last physical, dental, vision and immunization records)
- Legal History
- Trails ID, copy of Birth Certificate, Social Security Card or number and Medicaid numbers (MUST HAVE PRIOR TO PLACING YOUTH)
- Insurance cards for primary and secondary insurance.
- Behavioral Health Prior Authorization Request, if payer source is a RAE

Send the above paperwork to Third Way Center via email to referrals@thirdwaycenter.org

*DYS referrals may be sent to Dave Eisner at deisner@thirdwaycenter.org