



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: _____

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: Youth is approved by their home school district for school 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)
- ☐ 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.

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**