



REFERRAL FORM

Client Name: _____

Parent's or legal guardian(s) name and address: _____
(name)

Address (city) (state) (zip)

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

If unsure, please explain: _____

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

Phone Number Email Address

Medicaid# _____ Social Security# _____

Trails ID# _____

Legal Status: Delinquency D&N Voluntary DYS Parole DYS Committed

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

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

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

Number of hospitalizations: _____

Why? _____

Suicide Attempts Suicidal Ideation Medical Danger to Others

Current Medication(s): _____

Are there any contact restrictions? YES NO

If yes, please list restrictions: _____

Please include the following information with this referral form

- 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)

For our community based programs (York, Pontiac, Bannock, and Lincoln), please send the completed referral forms to Dave Eisner at deisner@thirdwaycenter.org. For staff secure referrals, or if you are unsure which program to refer to, please email Amber Lacy at alacy@thirdwaycenter.org.