



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 Unsure 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 Youth in Transition

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

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)

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