

Take Charge Juvenile Diversion Program, Inc.



Date: _____

Referral Form for Behavior and Wellness Services

Client Information

Name: _____		
Date of Birth: _____	Race/Ethnicity: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Couple	School/Grade: _____	
Services Requested: <input type="checkbox"/> Office-Based Outpatient <input type="checkbox"/> School Based (if Therapist is available)		
CONTACT NUMBERS :		
ADDRESS:		

Parent or Legal Guardian Information:

Name of Parent or Legal Guardian: _____	Address: _____
Contact Numbers: _____	Type of setting: <input type="checkbox"/> Home <input type="checkbox"/> Group Home <input type="checkbox"/> Foster Home <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Other

Nature of Charge(s)/Conduct _____

JA#(s) _____

(Check One)

<input type="checkbox"/> DJS/ Intake	<input type="checkbox"/> DJS/Court	<input type="checkbox"/> PD/SA/Private Atty.
<input type="checkbox"/> Police	<input type="checkbox"/> PGCPS-Court	<input type="checkbox"/> Next Court date:
<input type="checkbox"/> PPW	<input type="checkbox"/> School Board Hearing	<input type="checkbox"/> Suspension Status
<input type="checkbox"/> DSS	<input type="checkbox"/> DFS/CINS	<input type="checkbox"/> Other

Referring Officer: _____ Phone: _____ Email: _____

Referring Agency/ School: _____

Address: _____ City: _____ State: _____ Zip: _____

(Check one)

Has youth been detained? Yes No If Yes, Date(s) _____

Comments: _____

Does Referring Official require Progress Report and /or updates: Yes No

Behavior Wellness Program Requested

- Youth Diversion (12 week)
- Just for Her (8 week)
- Alcohol and Drug Prevention Education (2-4 sessions)
- Re-Entry Transition (Adults 18 - 34 Year old males)
- Family/ Parenting Counseling
- Supported Employment
- Case Management

Payment Information:

Type of Insurance	<input type="checkbox"/> Medicaid (Maryland) Washington D.C. <input type="checkbox"/>	<input type="checkbox"/> Other	Group#
If No Insurance, Household Income:			
Insurance ID #	Phone #		

Referral Source Information: Complete this section so we can contact you after the referral is made.

Name:	Mailing Address:
Phone #	Email Address:
How did you hear about Take Charge Program/ Universal Healthcare Management	

Child/Adult Mental Health Information:

Current medication & dosage	Current DSM-IV Diagnosis
	Axis 1
	Axis 11
	Axis 111
	Axis 1V
	Axis V

Please check AT LEAST 3 of the following:

- 5 Inability to maintain independent employment
- 5 Social behaviors that results in intervention by the mental health system
- 5 Inabilities, due to cognitive disorganization, to procure financial assistance, to support living in the community.
- 5 Severe inabilities to establish or maintain a personal social support system
- 5 Need for assistance with basic living skills

Rehabilitation Services Needed:

- | | | |
|---|---|---|
| <input type="checkbox"/> Activities of Daily Living | <input type="checkbox"/> Safety to Self/Others | <input type="checkbox"/> Vocational Skills |
| <input type="checkbox"/> Anger/Temper/Conflict Resolution | <input type="checkbox"/> School Performance | <input type="checkbox"/> Leisure Skills |
| <input type="checkbox"/> Assertiveness/Self-esteem | <input type="checkbox"/> Sexual Issues | <input type="checkbox"/> Work/Job Performance |
| <input type="checkbox"/> Community Activity | <input type="checkbox"/> Social Skills/Peer Interaction | <input type="checkbox"/> Legal Issues (# of arrests?) |
| <input type="checkbox"/> Family/Natural Supports | <input type="checkbox"/> Substance Abuse Issues | <input type="checkbox"/> Money Management |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Coping Skills | <input type="checkbox"/> Dietary/Food Preparation |
| <input type="checkbox"/> Home/Housing | <input type="checkbox"/> Trauma | <input type="checkbox"/> Crisis Management Skills |
| <input type="checkbox"/> Self Care Skills | <input type="checkbox"/> Medication Compliance Skills | <input type="checkbox"/> Physical Health |