together for youth Building stronger families and communities.

POWER PROJECT

EMPOWERING CHILDREN AND FAMILIES

4419 3RD AVE. 3C BRONX NEW YORK 10457
(718) 220-4247/(646) 942-7743 FAX (718) 220-4248

REFERRAL FORM

REFERRAL PACKET

- THE REFERRAL FORM **(**Applicable info only**)**
- HOSPITAL/MH PROVIDER) A PSYCHIATRIC EVALUATION WITHIN 6 MONTHS OF REFERRAL (SCHOOL/CBO) PSYCHOSOCIAL ASSESSMENT **OR** COPY OF IEP WITH MENTAL HEALTH DIAGNOSIS.
- A RELEASE OF INFORMATION FORM SIGNED BY THE PARENT OF LEGAL GUARDIAN.

*A PARENT/GUARDIAN MAY BRING THE MATERIALS TO THE INTAKE IF THEY DO NOT WISH TO RELEASE PRIOR DUE TO HIPAA CONCERNS.

REFERRAL SOURCE INFORMATION

REFERRAL SOURCE
ADDRESS
TELEPHONE

DSM V DIAGNOSIS:
DRUG/ALCOHOL USAGE:

REASON FOR REFERRAL/PRESENTING ISSUES: _____

YOUTH INFORMATION

Youths name: Age: DOB:

MEDICAID #_____SS#_____

ADDRESS _____

TELEPHONE _____LANGUAGE: ENGLISH _____ SPANISH_____ OTHER _____

PARENTS NAME_____ LEGAL GUARDIAN_____

ADDRESS SAME ADDRESS_____

TELEPHONE

SCHOOL NAME
ADDRESS
TELEPHONE #: _____ REGULAR ED _____ SPECIAL ED.:_____ GRADE _____

SCHOOL CONTACT NAME _____ TELEPHONE #_____ TITLE:_____

together for youth Building stronger families and communities.

POWER PROJECT

EMPOWERING CHILDREN AND FAMILIES
4419 3RD AVE. BRONX NEW YORK 10457
(718) 220-4247 FAX (718) 220-4248

REFERRAL FORM

JUVENILE JUSTICE/LEGAL ISSUES: (DESCRIBE)

SUBSTANCE ABUSE HISTORY

CHECK ALL THAT APPLY:

_____ cigarettes/vape _____alcohol _____ marijuana _____cocaine _____ ecstasy

_____PCP/dust _____heroin _____LSD/Acid _____K2 _____Other

YOUTH HISTORY/SERVICES RECEIVED:

INPATIENT (PSYCHIATRIC) **FROM** _____ **TO** _____

FACILITY: CONTACT NAME_____

ADDRESS/PHONE:

RESIDENTIAL PLACEMENT HISTORY: CHECK ALL THAT APPLY WITH DATES OF ADMISSION & DISCHARGE

RTF_____ **RTC**_____ **FOSTER CARE**_____
GROUP HOME _____ **INCARCERATION**_____ **DETOX**_____

AGENCY_____ CONTACT NAME_____

ADDRESS_____TELEPHONE#_____

OUTPATIENT MENTAL HEALTH; **FROM** _____**TO** _____

AGENCY VALERA HEALTH CONTACT NAME_____

ADDRESS_____TELEPHONE#_____

MEDICATIONS? YES ____NO_____ CURRENT MEDICATIONS _____

IS YOUTH COMPLIANT W/MEDS?
