

Date of Referral: _____

Assigned to: _____ Date: _____

South Shore Center for Wellness LTD

200 Cordwainer Dr Suite 200 Norwell MA 02061
109 Rhode Island Rd Suite A Lakeville MA 02347

In-Home Therapy (IHT) Referral Form

Youth Name: _____ Gender: M F DOB: _____ Age: _____

SS#: _____ - - MMIS #: _____ Phone #: _____

Payer Type: (MBHP) (BMC) (NHP) (Network Health) (DCF-Family networks) Policy #: _____

Guardian/ Parent Name: _____ Relation to Youth _____

Address: _____ Town: _____ Zip: _____

Members of Household: _____

DCF Worker: _____ Phone: _____ Agency: _____

Referral Name: _____ Referral Agency: _____

Referral Phone: _____ *If ICC- Have the IHT service units been authorized? Y N*

*If clinical provider: please attach CANS & Safety Plan (if applicable)

*ICC: attach CANS, Safety Plan & Care Plan

Have you spoken to the family about this referral? Y N Has the family voluntarily agreed to this referral? Y N

Prior/Current Tx or services:

Axis 1 Diagnosis: _____

Other Providers (CSA, Psychiatry, Ind. Therapist, Etc.)

Significant Impairment in Functioning (Please Circle)

Home School Community

Other: _____

Reason for Referral:

Reason IHT Level of Care needed (check all that apply):

- Outpatient services alone are not sufficient to meet youth and family's need for clinical intervention.
- Need for care coordination with school, other providers, state agencies, natural supports, etc.
- Need for increased frequency/ duration/ flexibility of family sessions depending on need in home/ community.
- High Level of risk factors (indicate):

- Need for 24/7 urgent telephonic response and risk management/ safety planning.
- Need treatment to enhance youth's problem-solving, limit setting, and communication to sustain youth in home.
- Youth at risk for out-of-home placement.
- Strengthen caregiver(s) ability to sustain youth in home.

At-Risk Factors or Safety Concerns present:

Youth Risk Factors

- € Suicidal Ideation
- € Suicidal gestures
- € Self-injurious behavior
- € Homicidal ideations
- € *Current substance use
- € *History of substance use
- € Running away
- € Violence/aggression towards others
- € Lack of social group
- € Gang involvement
- € Sexualized aggression/behavior
- € Takes dangerous risks
- € Fire-setting
- € School refusal
- € Isolation behavior
- € Trauma history
- € Medical/physical issues
- € Sexual promiscuity
- € Not medication compliant
- € In Home
- € Other _____

Caregiver Risk Factors

Which caregiver: _____

- € Current substance use
- € History of substance use
- € Not medication compliant
- € Housing instability
- € Financial distress
- € Current domestic violence
- € History of domestic violence
- € Mental health diagnosis
- € Medical/ physical issues
- € Unable/unwilling to provide natural supports
- € Lack of natural supports
- € In Home
- € Other _____

*if history of or current substance abuse, has youth ever been admitted to CASTLE? Y N