South Shore Center for Wellness LTD

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In-Home Therapy (IHT) Referral Form Conventional: ____ Multicultural: _____

Youth Name:_____ DOB: _____ Age: _____

Identified Gender: Male ❑ Female ❑Trans ❑ Non-Binary ❑ Other _____

Identified Ethnicity: _____ Identified Gender:_____ Birth Gender: Male Female

Guardian Ph #_-_____MMIS #:_____Phone #: _____

Insurance Co: (MBHP) (BMC)(NHP)(Network Health)(DCF-Family networks) **Policy #:**_____

Guardian Parent Name: _____ Relation to Youth: _____

Address: _____ Town: _____ Zip: _____

Languages Spoken: _____

Members of Household: _____

DCF Worker: _____ Phone: _____ Agency: _____

Referral Name: _____ Referral Agency: _____

Referral Phone: _____ *If ICC- Have the 11-IT service units been authorized? Y / N*

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

*ICC: attach CANS, Safety Plan & Care Plan

Has the family voluntarily agreed to this referral? Y / N

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

Prior / Current Tx or services:

_____

_____

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

Axis I Diagnosis: _____

_____

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