Community-Based Services Referral

Children and Family Treatment and Support Services

Referring Individual

Date of referral _____

Name _____

Agency name _____

Address _____

Phone _____ Email _____

Health Home Care Coordinator Information (if applicable)

Name _____

Agency name _____

Address _____

Phone _____ Email _____

Participant Information

Name _____

Address _____

Parent or caregiver name _____

Phone _____ Email _____

Alternate phone _____ Primary language _____

Gender ☐ Male ☐ Female ☐ Other Date of birth _____

Participant Health Care Information

Managed care organization (MCO) _____ MCO Id number _____

MCO contact name _____ MCO email _____

MCO phone number _____ Medicaid CIN _____

Primary diagnosis & ICD 10 code _____ Secondary diagnosis & ICD 10 _____

Are there any known safety concerns (i.e., criminal record, history of violence, weapons in the home, sex offender, general or other concerns, etc.)? ☐ Yes ☐ No If yes, briefly describe: _____

Referred Children and Family Treatment and Support Services:

☐ Other Licensed Practitioner (OLP)
☐ Community Psychiatric Supports and Treatment (CPST)
☐ Youth Peer Support and Training (YPST)
☐ Psychosocial Rehabilitation (PSR)
☐ Family Peer Support Services (FPSS)
☐ Crisis Intervention (CI)

Indicate any additional information that may be important to know: _____

Has this child been hospitalized in the last 30 days? ☐ Yes ☐ No Is this child stepping down from RTF placement? ☐ Yes ☐ No

If Other Licensed Practitioner (OLP) was checked above, please check all that apply indicating the preference of OLP service

☐ OLP Assessment: To determine CFTSS medical necessity
☐ OLP Assessment: To determine Health Home Care Management eligibility
☐ OLP Home and Community-Based individual and family counseling

Referring individuals may want to include these items with the completed referral submission:

✓ Signed release
✓ Preliminary plan of care
✓ Medical necessity documentation
✓ Any other pertinent information (e.g., proof of diagnosis, medication, family history)

Agency Information

All referrals sent to Northern Rivers will be served by its affiliate Northeast Parent & Child Society.
Please send referrals to Donna Cole at Donna.Cole@nrfs.org or by fax to 518.372.3793

For questions, contact:

Barb Fuscus, Director, Barbara.Fuscus@nrfs.org
Jacob Malison, Director, Jacob.Mailson@nrfs.org
Tanya Starker, Clinical Director, Tanya.Starker@nrfs.org

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