



INFORMATION ABOUT REFERRING PERSON

Referring Person Name: _____

School/Agency of referring person: _____

Phone Number: _____

Email: _____

GENERAL STUDENT INFORMATION

First Name: _____

Last Name: _____

Date of Birth: _____

SSHS Student Number: _____
(The above ID is generated automatically on the online referral system)

Age: _____ Grade: _____

School student is currently attending: _____

Gender: Female Male

Account Payment:

- ☐ Private Insurance Provider: _____
- ☐ Healthy Montana Kids
- ☐ Healthy Montana Kids Plus
- ☐ Not sure
- ☐ None
- ☐ Other: Please Explain: _____

Prior History (Client Response):

- ☐ Court Involvement
- ☐ School-based mental health services
- ☐ Community Treatment
- When _____
- Provider _____
- ☐ Declines to respond

Does the individual have limited English skills or other language barriers: Yes No



What is the primary language spoken at home?

- ☐ English
- ☐ Spanish
- ☐ Other: specify _____
- ☐ Unknown

Other barriers?: Yes No

If yes, please explain:

Have you contacted parent/guardian with concerns? Yes No

If yes: Date _____ Person contacted _____

If no: When do you plan to initiate contact? _____

An active Universal Consent Form must be signed and on file at your agency prior to initiating this online referral. Do you have an active consent form on file at your agency? Yes No

Date Signed: _____ Expiration Date: _____

If yes, check which service providers are authorized for release by consenting party:

- ☐ AWARE
 - CSCT (Comprehensive School & Community Treatment)
 - Youth Case Management
 - Therapeutic Family Care
 - Support Services for Early Head Start
 - Psychiatry
 - Outpatient Clinical Services
 - Residential Program for Youth
- ☐ Benefis Health System Behavioral Health Unit – Helena
- ☐ Big Brothers Big Sisters
- ☐ Boyd Andrew – Chemical Dependency Services
- ☐ Catholic Social Services
- ☐ Center for Mental Health
 - Transitional School Based Mental Health
 - Children's Case Management
 - Therapeutic Family Care
 - Family-Based Services
 - Consultation and Education Services
 - Individual and Group Therapy Services



- East Helena School District
 - Eastgate Elementary
 - Radley Elementary
 - East Valley Middle School
- Florence Crittenton Home
- Head Start – Helena
- Helena School District
 - Broadwater
 - Bryant
 - Central
 - Four Georgians
 - Hawthorne
 - Jefferson
 - Jim Darcy
 - Kessler
 - Ray Bjork Learning Center
 - Rossiter
 - Smith
 - Warren
 - CR Anderson
 - Helena Middle School
 - Capital High
 - Helena High
 - Project for Alternative Learning
- Intermountain Children's Home
 - Psychological Evaluation Services
 - Psychiatric Services
 - School Based Services
 - Family Based Services
 - Day Treatment Services
 - Residential Center
- Juvenile Probation – First Judicial District
- Kids Mental Health Advocates
- Lewis and Clark County Healthy Department
 - Parents as Teachers
 - Nurse Home Visiting
 - Women, Infants & Children (WIC)
- Montana Youth Homes
 - Jan Shaw Group Home
 - Margaret Stuart Group Home
- Project Success
 - CR Anderson Middle School
 - Helena Middle School
 - Capital High School
 - Helena High School
 - Project for Alternative Learning



- ☐ St. Peter's Hospital Women and Children's Center
- ☐ Teen Screen
- ☐ YWCA
- ☐ Other: Specify _____

In your own words, briefly describe the reason(s) for Referral – provide any explanation or background or this referral that might be helpful to the referring agency that may eventually be involved in helping provide services to this child and/or family.

PARENTAL CONTACT AND CONSENT FORMS

Data Elements:

- ☐ Medical Records
- ☐ Education Records
- ☐ Drug & alcohol assessments
- ☐ Directory Information (name, address, telephone, social assessments, demographics)
- ☐ Other: specify _____

Were any records NOT authorized for disclosure and exchange? If so, please indicate only those which are specifically NOT authorized below.

- ☐ Do not disclose records of HIV/AIDS testing or treatment
- ☐ Do not disclose mental, psychological or psychiatric records
- ☐ Do not disclose psychotherapy notes
- ☐ Do not disclose alcohol or drug abuse treatment records
- ☐ Other restrictions on disclosure (specify): _____

PARENTAL PERMISSION FOR INTERVIEW

Parental Consent for Interview signed? Yes No

If parent agreed to be contacted for possible interview, please complete the following:

Consenting Parent Name: _____

Best number(s) where parent can be reached: _____

Best time to contact parent: _____

Email: _____



GUARDIAN CONTACT INFORMATION

Contact #1 – Required

Nature of Relationship: _____

Name: _____

Phone: _____

Email: _____

Address: _____

Comments:

Contact #2 – If available

Nature of Relationship: _____

Name: _____

Phone: _____

Email: _____

Address: _____

Comments:

Contact #3 – If available

Nature of Relationship: _____

Name: _____

Phone: _____

Email: _____

Address: _____

Comments:



Individual Strengths:

Please describe particular strengths or areas of interest for the person you are referring.

AREAS OF CONCERN

For all the following areas, check all that apply.

A Extra-Curricular Activities

- ☐ None
- ☐ Participation issues
- ☐ Employment/school conflict
- ☐ Unresponsive to coach
- ☐ Other → If other, explain: _____

B Academic/class Performance

- ☐ NO academic problems
- ☐ Poor attendance
- ☐ Failing
- ☐ Passing but in danger of failing
- ☐ Low test scores/grades
- ☐ Poor reading skills
- ☐ Poor writing skills
- ☐ Poor communication skills
- ☐ Poor organization skills
- ☐ Needs repeated instruction
- ☐ Short attention span
- ☐ Other → If other, explain: _____

C Observable Behavior

- ☐ NO behavioral problems
- ☐ Uncooperative
- ☐ Is extremely negative

- ☐ Has undergone change in friends
- ☐ Negative influences outside school
- ☐ Dramatic attempts to get attention
- ☐ Defies rules/authority/disrespectful
- ☐ Is verbally abusive
- ☐ Appears depressed/withdrawn
- ☐ Anxiety
- ☐ Lack of empathy
- ☐ Fighting is an issue
- ☐ Cheating is an issue
- ☐ Appears hyperactive
- ☐ Unable to stay on task
- ☐ Talks freely about alcohol/drug use
- ☐ Avoids being touched
- ☐ Sexually intimate in public
- ☐ Other → If other, explain: _____

D Home

- ☐ NO apparent problem
- ☐ Parent issues
- ☐ Sibling issues
- ☐ Lives alone
- ☐ Signs of abuse or neglect
- ☐ Parent/Family member using substances
- ☐ Death or serious illness in family
- ☐ Other → If other, explain: _____

E Physical Observations

Known Substance Use: Yes No

If yes, known last use of substance (date): _____

Type(s) of substance used:

F Other Observations

- ☐ None
- ☐ Poor vision/hearing
- ☐ Decline in appearance/hygiene
- ☐ Appears fatigued
- ☐ Smells like smoke
- ☐ Smells like alcohol
- ☐ Smells like marijuana
- ☐ Has tobacco-use related symptoms
- ☐ Has drug related symptoms
- ☐ Has alcohol related symptoms
- ☐ Complains of physical injury
- ☐ Creates drug related doodles
- ☐ Has scars or open wounds
- ☒ Other → If other, explain: _____