

**Internal Use Only**

Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Date contacted referral source: \_\_\_\_\_

Date contacted family: \_\_\_\_\_



**Intensive In Home Services Client Referral Form**

1. Referral source (name, contact information): \_\_\_\_\_
2. Client's name, age, & date of birth: \_\_\_\_\_
3. Client's guardian's name(s) & relationship w/client (biological family member, social worker, adoptive family, etc.): \_\_\_\_\_
4. Client's current location (home w/ family, foster home, therapeutic foster home, group home, hospital, juvenile detention, training school etc.): \_\_\_\_\_
5. Contact information (home phone, cell phone, address, fax) for client at their current location (if client is currently in an out of home placement) & clients guardian: \_\_\_\_\_
6. Expected environment for service to be provided in (home, foster home, therapeutic foster home): \_\_\_\_\_
7. Who currently lives in the environment services will be provided in? (Parents, step-parents, siblings- include ages, other family members- include ages if under 18, foster children- include ages, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Clients insurance (NC Medicaid, NC Healthchoice, IPRS) & Policy number \_\_\_\_\_
9. Is the client currently receiving mental health or substance abuse services? If so, what? (Outpatient therapy, group therapy, school-based counseling): \_\_\_\_\_
10. Is the client currently involved with the Department of Juvenile Justice? If so, what county & who is the court counselor? \_\_\_\_\_
11. Is the client in school at this time? What grade, school, county? \_\_\_\_\_
12. Is the client currently at risk for out of home placement (removal from home by DSS, incarceration, disruption of foster care placement, parent seeking termination of parental rights)?  
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13. Reason for referral (briefly explain- attach additional pages if necessary):  
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