

Agency:
Program: Blended CM
Start Date:

Do not write above this line-DBH use only

Children's Blended Case Management Referral Form

Child's last name: _____ First name: _____
 DOB: _____ Gender (M/F) _____ Race: _____
 SS#: _____ MA#: _____ BSU#: _____
 MA eligible: Yes: _____ No: _____
 Does consumer have private insurance? Yes _____ No _____ If yes, name of ins. co.: _____

Parent/guardian: _____ Relationship to child: _____
 Home address: _____ City, State, Zip: _____
 Home phone #: _____ Cell Phone #: _____ Emergency Contact #: _____

DSM diagnosis based on most recent evaluation (Please provide code and write out diagnosis.)

Is parent/guardian/child in agreement with this referral being submitted? Yes _____ No _____

Person completing form: _____ Title: _____ Agency: _____
 E-mail address: _____ Phone #: _____ Date: _____

Do not write below this line-DBH use only

_____ Initials of DBH reviewer

CBH Authorization
ID#
Auth#
Date of auth

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Please provide information based on the past 6 months:

# Psych hospitalizations	_____	# Days in D&A rehab	_____
# Days in psych hospital	_____	# Days in juvenile detention	_____
# CRC\Police contacts	_____	# Days in RTF placement	_____
# 302 Commitments	_____		

If child was involved in any of the above services in the past 6 months, give dates and describe why:

Is child currently in an out-of-home placement? No Yes If yes, please check off type of placement:

Hospitalization RTF Foster care Other (please explain) _____

Provide name of placement (agency, family member or other) _____

Address of placement _____ Phone Number _____

Why is child in out-of-home placement? _____

Anticipated discharge date from out-of-home placement _____

LIVING ENVIRONMENT (answer all questions being asked)

1. What is current living environment?
2. Are there any stressors related to current living environment? No Yes If yes, please explain.
3. Have there been any significant changes to the living environment in the past 2 years?
 No Yes If yes, please explain.
4. Are there any family members with significant needs? No Yes If yes, please explain.

DHS/JJS INVOLVEMENT (answer all questions being asked)

1. DHS involvement: none supervision custody
2. Juvenile justice system involvement: none probation JJ placement
3. If JJ placement, please select type: YSC residential community-based detention JJ foster care
4. Provide DHS social worker and/or PO name and phone #
5. Provide description of why child is involved with DHS/JJS

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EDUCATION

Name of school/educational program _____ Phone Number _____

Child attends: _____ not in school _____ regular education _____ special education _____ Partial hospital program

If special education, specify type of classroom: _____

BH services receiving in school: _____ SBBH _____ CARE _____ BHRS (TSS, BSC) _____ other _____

Provide description of behavior and needs for child in educational setting:

MEDICAL ISSUES/PHYSICAL DISABILITIES/MEDICATION

1. Describe child's medical issues.

2. List all medications and whether or not child/family are compliant with medications. Give the name and contact information of prescribing physician.

COMMUNITY/SOCIAL/PEER RELATIONS & STRENGTHS & STRESSORS

1. Provide list of involved, supportive people in child's life.

2. Is child involved in community programs? _____ No _____ Yes If yes, please list.

3. How does this child manage in the community, with peers and family?

4. What are this child's stressors?

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NEED FOR BCM SERVICES (answer all questions being asked)

- What BH services is child currently receiving?

Service	Provider of service Name and phone number	Date started	How often provided	Actively participating In treatment?
				___ Yes ___ No
				___ Yes ___ No
				___ Yes ___ No
				___ Yes ___ No
				___ Yes ___ No
				___ Yes ___ No

1. What current BH concerns justify this child receiving BCM services (are there acting out behaviors at home or school, suicidal ideation or attempts, etc.)? What services would you like BCM to assist with?

Submit completed applications to:

E-mail: tcm.cmreferrals@phila.gov

Fax: 215-599-2154

Please either e-mail or fax the form, not both.

Referral will only be considered if all questions are answered completely.

Instructions for completing Children's Blended Case Management Referral Form

Page 1:

- Please complete all demographic data including name, DOB, gender, race, SS#, MA#, BSU#.
 - Provide insurance information. Indicate whether or not a child has MA and/or private insurance.
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- Provide parent/guardian information. Indicate relationship of parent/guardian to child.
-
- Provide most recent DSM diagnosis. Not only should the code be included, but it must also be written out. Example: 314.01 should be written out as ADHD.
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- Provide information on person completing form to include name, title, agency, e-mail address, phone # and date.
-
- Do not write in the last section of this page. This is for DBH approval and comments only.

Page 2:

- Provide # of days or contacts (whichever is specified) for psych hospitalization, CRC/police contacts, 302 commitments, D&A rehab, juvenile detention, RTF placement
 - If child had any involvement in the above services, describe why.
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- Out-of-home placement includes any placement outside of the parent/legal guardian home.
 - If child is in an out-of-home placement, provide type of placement, name of agency of family member, address of placement, reason child is in an out-of-home placement and anticipated discharge date from out-of-home placement. **All information must be completed, including anticipated D/C date.**

Living Environment

- Provide information on current living environment. Information to include but not limited to: Who does child live with and their relationship to child and how long have they lived at current residence.
- If there have been any changes to the child's living environment in the past 2 years, please describe changes. Example: Child moved to grandparents home 3 months ago, after mother passed away.
- If there are stressors related to the current living environment, please describe. Examples of information to include: chaotic living environment and why, child not properly supervised, drug infested neighborhood, home has bugs, family not able to pay their rent/mortgage, in danger of losing their home, etc.
- If there are family members with significant needs, please describe. Provide information on family members that may have medical, MH, MR, D&A issues, etc.

DHS/JJS Involvement

- Indicate if there is DHS or JJ involvement and level of involvement.
- Provide name and phone # of DHS social worker and/or PO.
- Describe why child is involved with DHS and/or JJ and when involvement began.

Page 3:

Education

- Provide name of educational program and type of program.
- If child is in special education, specify type of classroom. Examples: emotional support, learning support, life skills, etc.
- Indicate which BH services child receiving in educational setting, in any.
- Describe child's behaviors in educational setting. Provide information on undesirable behaviors as well as positive behaviors.

Medical Issues/Physical Disabilities/Medication

- Describe child's medical issues.
- List medications and whether or not child/family are compliant.

Community/Social/Peer Relations & Strengths & Stressors

- Provide list of people who are involved and supportive of child.
- If child is involved in community programs, please describe.
- Describe how child manages in the community.
- Describe stressors that affect this child.

Page 4:

- Fill in grid. Provide name of BH service, name of agency providing service, date service started, how often service is provided, and whether or not child is actively participating in treatment.
- Describe why child needs BCM services. Provide specific behaviors.