PEER SUPPORT SERVICES
YOUTH AND YOUNG ADULT

Youth- an individual over 14 years of age but under 18 years of age
Young Adult- An individual over 18 years of age but under 27 years of age

REFERRAL FORM

Date of Referral:_____

Referring Agency:_____

Person Making Referral:_____Contact #:_____

Complete this form and fax to the agency of the member's choice:
Member must have MA to receive this service

List Other CSP Provider Agencies here

Individual's Name:_____ DOB:_____ Male / Female

SSN:_____ MA#: _____ Marital Status: S / M / W / D / Sep

Home Address:_____

Home Phone:_____ Cell Phone:_____

Current Location/Address/Phone:_____

_____

Type of Living Situation (i.e. CRR, Independent, PCBH, Shelter, Supported Living, etc.):_____

Emergency Contact:_____ Relation:_____ Phone:_____

Medical Advanced Directive: Y / N Wrap Plan: Y / N

Psychiatric Advanced Directive: Y /N Crisis Plan: Y / N

PCP Practice:_____ MD Name:_____ Phone:_____

Case Management Agency:_____ Case Manager Name:_____ Phone:_____

Outpatient Agency:_____ Therapist Name:_____ Phone:_____

Psychiatrist Agency:_____ MD Name:_____ Phone:_____

Other Behavioral Health Services / Supports:_____

SUD: Y / N Explain:_____

Trauma History: Y / N Explain:_____

Legal (History and Current): Y / N Explain:_____

Probation: Y / N Name of Probation Officer:_____ Phone:_____

Parole: Y / N Name of Parole Officer:_____ Phone:_____

Reason for Referral / Goals:_____

_____

_____

_____

Eligibility: ☐ ***Must have the presence of/ or history of a serious emotional disturbance or serious mental illness***

Serious Emotional Disturbance (SED)-a condition experienced by a person under the age of 18 who currently or at any time during the past year had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet the diagnostic criteria within the current Diagnostic and Statistical Manual; and that has resulted in a functional impairment which substantially interferes with or limits the child's role of functioning in family, school, or community activities.

Serious Mental Illness (SMI)- a condition experienced by a person 18 years of age and older who, at any time during the past year had a diagnosable mental, behavioral or emotional disorder that met the diagnostic criteria within the current Diagnostic and Statistical Manual; and that has resulted in a functional impairment which substantially interferes with one or more major life activities. Adults who have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are considered to have serious mental illness.

Indicate Diagnoses for Individual Referred:	
Behavioral Health Diagnoses	**Physical Health/Medical Diagnoses**

Check the box/es and provide specific information regarding the life activities that have been substantially impacted by the individual's functional impairment:
☐ Educational-
☐ Vocational-
☐ Social-
☐ Maintenance-

Member Signature:_____ Date:_____

Referral Signature:_____ Date:_____