



Project Family, LLC

Building families one member at a time.....

MEDICAID REFERRAL FORM

Referral Date (xx/xx/xxxx)

Client Name, DOB, Phone Number (if a minor, please also include parent/guardian information below)

Address (street, city, zip)

Ethnicity & Primary Language:

Medicaid number and/or Social Security number

Marital Status (Include spouse or significant other Name and DOB here)

Parent/Guardian/Spouse Name, Phone Number (please identify the relationship)

Referral Source and Contact Person (name, phone number, e-mail)

School Information: if client is a child, please include school name, location, and grade

Has a Psychological Evaluation been completed in the past 12 months?

If so, a copy of this evaluation must be included with this referral

Yes

No

Is DFCS involved? If so, please provide the SSCM Name & Contact information in the "other" box below..

Yes

No

Other

Is this child currently in foster care?

If so, a copy of the most recent Shelter Care Order, and CCFA must be included with this referral.

Yes

No

This client is an adult

Is Community Mental Health involved? If so, please include the Name and Contact information in the "other" box below.

Yes No

Other

Is Court involved?

Yes No

Has the person/family been notified of this referral?

Yes No

Services Requested (please select all the services being requested for this client):

please note, that to ensure continuity of care, our psychiatric services must be accompanied by therapeutic services provided within our agency.

Individual Therapy

Family Therapy

Group Therapy

Community Service Individual (CSI)

Intensive Family Intervention (IFI)

Psychiatric Services

Psychological Evaluation

Provide a brief background, and an explanation of why these services have been requested:

Please notify us immediately if there are any changes to the information within this referral, including any changes to the referral source contact person or DFCS SSCM contact information.

For your convenience, you may E-mail this referral to Tina Lawrence at tina.projectfamily@gmail.com, or you may also Fax your referral to 1-888-334-4283