

School Based Mental Health Referral

Please complete and forward to your SBMH provider.

All questions should be answered.

Referral Source Information

1. Source Name:
2. School:
3. Contact Information: (phone & e-mail)

Student Information

4. Student Name & Date of Birth:
5. Grade:
6. Have the parent/guardian been notified of this referral:
 Yes
 No

If "no", please explain:

7. Parent/Guardian Name, Address, & Contact Information:
8. Insurance
 Private
If private, provide name:

Medical Assistance

Unknown

Referral Specifics

9. Please provide a specific description of the presenting issue and rationale for this referral. Please include school-based interventions that have been implemented and outcomes.

10. If known, please list any community-based resources currently supporting the student and their family.

11. Please describe the barrier(s) impacting the family that prevents them from accessing community-based outpatient mental or behavioral health services.

Date Referral Submitted: