***School Based Behavioral Health Services***

**Referral Form**

Student Name: DOB:

Grade: School:

Insurance Plan: Insurance ID Number:

Referral made by: Referral Date:

Does the student have a **current** IEP? Yes No Section 504 Plan? Yes No

Reasons for Referral (Check all that apply):

| * suspected abuse, neglect, or exploitation
* aggressive behavior toward others or self
* suspected suicidal tendencies
* bullying
* problems with class work, homework, test grades
* increased number of absences
* decrease in social/interaction skills
* inappropriate classroom/school behavior
* assistance with obtaining school supplies
* prolonged or frequent changes in affect (moodiness, anxiousness, sadness, weariness, anger, etc)
* abrupt physical changes (tiredness, weight loss/gain, unexplained bruises, suspected substance abuse, etc)
 | * suspected homelessness
* family issues that concerns the student
* unable to contact parent
* hygiene and appropriate dressing concerns
* noted inability to focus
* noted hyperactive behavior
* suspected pregnancy/or teenage parent
* home visit requested
* other (please explain below)
 |
| --- | --- |

Is the student aware that you are making a referral? YES NO

Are the parents/guardians aware that you are making a referral? YES NO

Parents/guardians phone number:

Students address:

What United Family Center services/programs do you believe will best address your concerns (Check all that apply):

| * Behavioral Health Services
	+ Youth Recovery Programs
	+ Family Groups
	+ Alcohol & Other Drugs Assessments
	+ Family Services
	+ Individual Counseling
	+ Family Counseling
	+ Peer Support
	+ Coordinating Care
	+ Safety Evaluations
 |
| --- |

**Grandview Office** 106 N. Elm St

P.O. Box 748

Grandview, WA. 98930

Ph. 509.402.9090 Fax. 1.866.974.8679

**Kennewick Office**

100 Fruitland Rd Suite A

Kennewick, WA.

Ph . 509.581.0303 Fax. 1.866.974.8679

***For United Family Center Staff Use Only:***

Date Received by UFC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Follow-Up:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_