

Date of Referral: \_\_\_\_\_ Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_

**South Shore Center for Wellness LTD**

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Intake 781-878-8340 Fax: 339-788-9904

In-Home Therapy (IHT) Referral Form

Youth Name: \_\_\_\_\_ Gender: M / F DOB: \_\_\_\_\_ Age: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ MMIS #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Payer Type: (MBHP) (BMC) (NHP) (Network Health) (DCF-Family networks) Policy #:

Guardian! Parent Name: \_\_\_\_\_ Relation to Youth \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Members of Household: \_\_\_\_\_

DCF Worker: \_\_\_\_\_ Phone: \_\_\_\_\_ Agency: \_\_\_\_\_

Referral Name: \_\_\_\_\_ Referral Agency: \_\_\_\_\_

Referral Phone: \_\_\_\_\_ *If ICC- Have the 11-IT service units been authorized? Y/N*

if clinical provider please attach CANS & Safety Plan (if applicable) \*ICC:

attach CANS, Safety Plan & Care Plan

Have you spoken to the family about this referral? Y N      Has the family voluntarily agreed to this referral? Y / N

Prior / Current Tx or services:  
\_\_\_\_\_  
\_\_\_\_\_

Axis I Diagnosis: \_\_\_\_\_ Other Providers (CSA, Psychiatry, Ind. Therapist, Etc.)

Significant Impairment in Functioning (Please Circle) \_\_\_\_\_

Home                  School                  Community \_\_\_\_\_

Other. \_\_\_\_\_

Reason for Referral:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason IHT Level of Care needed (check all that apply):

Outpatient services alone are not sufficient to meet youth and family's need for clinical intervention.

Need for care coordination with school, other providers, state agencies, natural supports, etc.

Need for increased frequency/ duration! flexibility of family sessions depending on need in home/ community.

High Level of risk factors (indicate):

\_\_\_\_\_  
\_\_\_\_\_

Need for 24/7 urgent telephonic response and risk management safety planning.

Need treatment to enhance youth's problem-solving, limit setting, and communication to sustain youth in home.

Youth at risk for out-of-home placement.

Strengthen caregiver(s) ability to sustain youth in home.

At- Risk Factors or Safety Concerns present:

Youth Risk Factors

- €Suicidal Ideation
- €Suicidal gestures
- €Self- injurious behavior
- €Homicidal ideatlons
- €\*Current substance use
- €\*History of substance use
- €Running away
- €Violence /aggression towards others
- €Lack of social group
- €Gang involvement
- €Sexualized aggression/behavior
- €Takes dangerous risks
- €Fire-setting
- €School refusal
- €Isolation behavior
- €Trauma history
- €Medical/physicai issues
- €Sexual promiscuity
- €Not medication compliant
- €In Home
- €Other

Caregiver Risk Factors

Which caregiver.

- €Current substance use
- €History of substance use
- €Not medication compliant
- €Housing instability
- €Financial distress
- €Current domestic violence
- €History of domestic violence
- €Mental health diagnosis
- €Medical/ physical issues
- €Unable / unwilling to provide natural supports
- €Lack of natural supports
- €In Home
- €Other \_\_\_\_\_

\*if history of or current substance abuse, has youth ever been admitted to CASTLE? Y N