



## South Carolina Youth Advocate Program Community-Based Services Referral Form

(Please complete to the best of your ability)

\*Date of Referral: \_\_\_\_\_

### Client Information

\*Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

\*Medicaid #: \_\_\_\_\_  Select Health  Molina  
 Blue Choice  Absolute Total Care **Legal Guardian:** \_\_\_\_\_  
 Humana

### \*Current Client Location/Household and Contact Information:

Family Home  Group Home: \_\_\_\_\_  Foster Home  TFC: \_\_\_\_\_ Level: \_\_\_\_\_

\*Parent/Guardian(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*County: \_\_\_\_\_  
Street City Zip

\*Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Cell Home Work

### Referral Source / Caseworker / TFC Contact Information

Referral Source:  Self  State Agency: \_\_\_\_\_  Other: \_\_\_\_\_

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Office/Location: \_\_\_\_\_

\*Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Cell Work

Alt. Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Office/Location: \_\_\_\_\_

\*Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Cell Work

### Current Psychiatric Medications

Medication	Indication/Treatment of:	Dosage	Frequency	Prescriber

### Concerns/Reason for Referral:

- |                                       |  |   |   |   |
|---------------------------------------|--|---|---|---|
| <input type="checkbox"/> Depression   | <input type="checkbox"/> Grief/Loss            | <input type="checkbox"/> Anxiety        | <input type="checkbox"/> Suicidal Ideation/Attempts | <input type="checkbox"/> Self-harming Behaviors     |
| <input type="checkbox"/> Trauma       | <input type="checkbox"/> Parent/Child Conflict | <input type="checkbox"/> Aggression     | <input type="checkbox"/> Drug/Alcohol Use (Child)   | <input type="checkbox"/> Neglect                    |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Domestic Violence     | <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> School Behavior/Attendance | <input type="checkbox"/> Legal Problems/Delinquency |

Services requested and additional explanation of above concerns: