**Referral Form**

|  |
| --- |
| ***Client Information (person referred for service)*** |

|  |  |
| --- | --- |
| **Name** (First): | **Name** (Last): |
| **Address**: |
| **City**: | **State**: | **Zip Code**: |
| **Phone**: | **Email**: |
| **DOB:** | **MA #** |
| **Is There a Legal Guardian?** YES [ ] NO | **Guardian’s Name & Contact Info:** |
| **Living Situation:** [ ] Residential [ ]  Lifehsaring [ ]  Supported Living [ ]  w/ Family [ ]  Own [ ]  Other: |

|  |
| --- |
| **Nature of Service Requested** (list all that apply):[ ]  Risk Screening for Problematic Sexual Behaviors (sexual offender) [ ]  Intensive Consult (problematic sexual behaviors or female offender) [ ]  Functional Behavior Assessment (FBA)[ ]  Ongoing Behavioral Support/Consultation [ ]  Sexual Consent Screening |
| **Funding Source** (list all that apply): *Please note all funding sources must be verified.*[ ]  ODP Consolidated Waiver (list funding county): [ ]  Private Pay [ ]  Residential Contract[ ]  Community Living Waiver (list funding county): [ ]  Base Funds (list funding county):  |

***Information on Referral Source (person making the referral)***

|  |
| --- |
| **Date**:  |
| **Name** (First):  | **Name** (Last):  |
| **Relationship/Entity**:  |
| **Address**: |
| **City**: | **State**: | **Zip Code**: |
| **Phone**: | **Email**: |
| **County of Residence:** | **SC Name:** |
| **SC Phone Number:** | **SC Email:**  |

|  |
| --- |
| **Reason for Referral/Describe Problematic Behaviors or Symptoms**: |