

securely email this form to: [Referral@CenterpointServices.org](mailto:Referral@CenterpointServices.org)

## Referral for Services & Support

*Please complete both sides of this form*

Client's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
DOB: \_\_\_\_\_

Client's Identified Gender: \_\_\_\_\_ Client's Preferred Pronouns: \_\_\_\_\_

Client's School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

- Is this Client interested in participating in an assessment and/or receiving services?  Yes  No

Parent/Guardian Name: \_\_\_\_\_  
Preferred Contact Info: \_\_\_\_\_

- Is this parent/guardian interested in having the Client participate in an assessment and/or receive services?  Yes  No

Additional Parent/Guardian Name: \_\_\_\_\_  
Preferred Contact Info: \_\_\_\_\_

- Is this parent/guardian interested in having the Client participate in an assessment and/or receive services?  Yes  No

Client's Legal Address: \_\_\_\_\_

Is this the Client's primary residence?  Yes  No  Unknown

### Referral Source: Who are you?

Your Name: \_\_\_\_\_

Your phone: \_\_\_\_\_ Your email: \_\_\_\_\_

What is your role/title? \_\_\_\_\_

Others contributing to or supporting this referral? \_\_\_\_\_

### Insurance and Funding

Client's Social Security Number: \_\_\_\_\_

- This Client has active Medicaid insurance coverage.

This Client is covered by Commercial Insurance:  Blue Cross  Cigna  MVP  Other: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Subscriber's Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

- This Client has no insurance or financial coverage for services.

Other: \_\_\_\_\_

**PLEASE COMPLETE *Page 2***

with

Reason for Referral

Disposition: Next Steps

Please briefly describe the Reason for Referral,  
including your concerns, identified needs, and hopes or goals for this Client:

---

---

---

---

---

---

If regarding truancy, the *Truancy Response Service Screening & Priority Access* form may also be completed

---

### Now What? What do I do next?

- I supported an ***in-person*** connection between this Client and a Centerpoint Counselor. Date: \_\_\_\_\_
- I informed the Client to ***call Centerpoint*** to schedule an appointment or provide additional information
  - I informed the parent/guardian to ***call Centerpoint*** to schedule an appointment or provide additional information
- I informed the Client that they will ***receive a call from Centerpoint***
  - I informed the parent/guardian that they will ***receive a call from Centerpoint***

This occurred via:  live conversation  email/text  
 voicemail/phone message  other means of communication: \_\_\_\_\_  
Date message delivered: \_\_\_\_\_  Confirmation that message was received

### And...

- I faxed this referral form to Centerpoint's *secure fax* at 802-488-7732. Date: \_\_\_\_\_
- I sent this as a *secure email* to [Referral@CenterpointServices.org](mailto:Referral@CenterpointServices.org). Date: \_\_\_\_\_
- I hand delivered this to Centerpoint Staff: \_\_\_\_\_ Date: \_\_\_\_\_

---

### Centerpoint Administration

Referral Received (Date): \_\_\_\_\_  Phone  email  Hardcopy/in-person  
Initial Client Contact with Centerpoint (Date/Time): \_\_\_\_\_  
Assessment/Service Appt (Date/Time): \_\_\_\_\_ Clinician: \_\_\_\_\_  
 Initial Assessment/Service Appt offered, if different (Date/Time): \_\_\_\_\_  
Assessment/Service Disposition:  
 Service Provided  Client No Show  
 Service Cancelled/Rescheduled – New Appt Date: \_\_\_\_\_  
HC EHR?  
 No  Yes: ID  Active  Inactive