CENTERPOINT
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

1025 Airport Drive
South Burlington
Vermont 05403
802-488-7711

fax this form to: 802-488-7732 or securely email to: Referral@CenterpointServices.org

Referral for Services & Support

Please complete both sides of this form

Today's Date _____

Student's Name _____ DOB _____

Student's School _____ Age _____ Grade_____

- Is this student interested in participating in an assessment and/or receiving additional service? ☐ Yes ☐ No

☐ Parent/Guardian Name _____

Preferred Contact Info _____

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

☐ Additional Parent/Guardian Name _____

Preferred Contact Info _____

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

Student's Legal Address _____

_____

Is this the student's primary residence? ☐ Yes ☐ No ☐ Unknown

Referral Source: Who are you?

Your Name _____ What is your role/title? _____

Contact Info: Your phone _____ Your email _____

What is your role/title? _____

Others contributing to or supporting this referral? _____

_____

Insurance and Funding

Student's Social Security Number _____

☐ This student has active Medicaid insurance coverage

☐ This student is covered by Commercial Insurance: ☐ Blue Cross ☐ Cigna ☐ MVP ☐ Other: _____

Policy Number _____ Group Number _____

Policy Subscriber's Name _____ Relationship to Student _____

☐ This student has no insurance or financial coverage for services.

☐ These services will be covered by the school district or existing contract with Centerpoint

☐ Other _____

Please complete the BACK of this form with
☑ Reason for Referral ☑ Now What?

CENTERPOINT

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

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

_____

_____

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_____

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_____

_____

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_____

Now What? What do I do next?

☐ I supported an ***in-person*** connection between this student and a Centerpoint Counselor. Date: _____

☐ I informed the student 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 student 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. Date: _____

☐ I hand delivered this to Centerpoint Staff: _____ Date: _____

To be completed by 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

Rev. 010319