

Centerstone School-Based Program Referral Form

Date of Referral 1-16-19 Referring teacher or staff Trisha Tatum

Student's Name [REDACTED]

Date of Birth [REDACTED] SS# [REDACTED]

Grade: 10 (Elementary referrals only: Teacher: _____)

Legal Guardian [REDACTED] Relationship Mother

Parent (if different) _____ Is parent/Guardian aware of referral? YES X NO _____

Address [REDACTED] Zip Code _____

Home Telephone # 362-4623 Work # _____ Cell# [REDACTED]

Specific Concerns:

- | | |
|---|---|
| <input type="checkbox"/> Sudden Change in behavior | <input type="checkbox"/> Observable mood swings |
| <input checked="" type="checkbox"/> Frequent aggression towards other | <input type="checkbox"/> Withdrawn attitude or lack of emotional expression |
| <input checked="" type="checkbox"/> Family conflict or issues | <input checked="" type="checkbox"/> Disruptive behaviors |
| <input type="checkbox"/> Frequent suspensions | <input type="checkbox"/> Pattern of unexcused absences/tardiness |
| <input type="checkbox"/> Poor motivation | <input type="checkbox"/> Frequent inattention/hyperactivity/impulsivity |
| <input type="checkbox"/> Difficulty following rules | <input type="checkbox"/> Involvement with Juvenile Justice System |
| <input checked="" type="checkbox"/> Indicators of abuse/neglect | <input type="checkbox"/> Suicidal/homicidal thoughts or statements |

Other concerns: _____

Please rate the following according to your knowledge of the student:

	Excellent	Good	Fair	Poor	Extremely poor	Unknown
Grades	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic effort	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General social skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with peers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with teachers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other agencies that are involved with the child (List names and phone numbers, if possible):

Bethel Bible Village 842-5757

Families will be contacted within 1 week of referral. Does this student require more immediate attention? If yes, please specify: _____

STOP - Back Section to be completed by Centerstone staff - Thank you for your referral!

Does student have TennCare Insurance? YES ___ NO ___

Name as recorded in TN Care Anytime: _____ (if different than school's listing, record TN Care Anytime listing in Centernet and for all Centerstone purposes)

Tenn Care Type: TennCare Select/Blue Care Americhoice Amerigroup

ID#: _____ Start: _____ End: _____

Group # (Blue Care only) _____

If NO TennCare – what insurance do they have, if any? _____

At least two referrals provided to family? Y N If not, why not? _____

1. _____ 2. _____

Record of attempts to contact family with dates and results (try each number provided at least 2x before marking down as "unable to reach family"):

Intake scheduled? Y N 1st attempt: _____ 2nd attempt: _____ 3rd attempt: _____

If NO intake scheduled – why not?

Family declined service No working numbers provided Ineligible, insurance

Ineligible, receiving services elsewhere Moved/no longer enrolled in SBS covered school/Dropped out

2 or more msg left for family unreturned Other: _____

NOTES: