

Centerstone School-Based Program  
Referral Form

Date of Referral 1-16-19

Referring teacher or staff Trisha Tatum

Student's Name Rebecca Davis

Date of Birth 12-9-02

SS# 103-95-5280

Grade: 10 (Elementary referrals only: Teacher: \_\_\_\_\_)

Legal Guardian Rebecca Davis Relationship Mother

Parent (if different) \_\_\_\_\_ Is parent/Guardian aware of referral? YES  NO

Address Bethel Zip Code 98333

Home Telephone # 362-4623 Work #

Mother

Cell# 206-313-9911

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 Withdrawn attitude or lack of emotional expression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"/>	<input type="checkbox"/>
Academic effort	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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"):

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Intake scheduled? Y N 1<sup>st</sup> attempt: \_\_\_\_\_ 2<sup>nd</sup> attempt: \_\_\_\_\_ 3<sup>rd</sup> 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: