

**Highland Rivers**  
**COMMUNITY TRANSITION PLANNING**  
**Referral Form**

**Referral Source (circle one):**

DFCS     DJJ     Juvenile Court     Other (please specify) \_\_\_\_\_

**County:** \_\_\_\_\_ **Date of referral:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Social Security No:** \_\_\_\_\_ (required) **DOB:** \_\_\_\_\_

**Gender:**  Male  Female    **Race:** \_\_\_\_\_

**Legal Guardian** \_\_\_\_\_

**Legal Guardian phone** \_\_\_\_\_

**Cell** \_\_\_\_\_

Is child currently on probation  Yes  No

**Insurance**  Yes  No    **APS Medicaid**  Yes  No    **Amerigroup**  Yes  No

**Magellan**  Yes  No    **Cenpatico**  Yes  No    **Private Ins.**  Yes  No

**Policy/Group number:** \_\_\_\_\_

**Child's school:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Has a psychological evaluation been completed within the last 2 years**  Yes  No  
(if yes, please send copy of psychological with referral) \*Admission to a PRTF requires a psychological evaluation within the past 2 years.

**Child lives with:**  Mother  Father  Both Parents  Maternal Grandparents  
 Paternal Grandparents  Legal Guardian: **Name** \_\_\_\_\_

**Is child on medications?**

No     Yes    If yes, please list: \_\_\_\_\_

**Most recent DSM IV diagnosis** (required DSM codes with description and attach current evaluation): Axis I \_\_\_\_\_ Axis II \_\_\_\_\_ Axis III \_\_\_\_\_ Axis IV \_\_\_\_\_ Axis V \_\_\_\_\_

**Why is the child being referred to Community Transition Planning? (Behaviors within the past 30 days)**

Suicidal thoughts/threats/plans     Suicide attempt     Homicidal thoughts/threats/plans  
 Homicide attempt     Physical aggression     Auditory and/or visual hallucinations  
 Drug Use     Depression     Truancy     Sexual Abuse     Physical Abuse     Sexual Perpetrator  
 Other: \_\_\_\_\_

**Case Worker/Probation Officer's name:** \_\_\_\_\_

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**Please fax completed form with psychological eval. to Donna Robbins at 706-235-8686**

Phone: \_\_\_\_\_ Fax\*: \_\_\_\_\_

Email\*: \_\_\_\_\_

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