DCF – 788 (Updated: 7/2016)

**Date Completed**:

**Referrals that are incomplete will be returned to the AO.**

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| **Client Name**:       **LINK#**: | Included | Not Applicable | Requested will forward | Not Available | Document Name and Document Date  (If included, list the most current one only) |
| ***This section completed by RRG Only. (\*Explain in the note section)***  DMHAS Priority:  I /  II\*  Referral Status:  Standard  Prioritize\*  Case Status:  Will remain open  Closing\* on |  |  |  |  |  |
| Legal |  |  |  |  |  |
| **Release of information (ROI)**  If client is 18, the client must sign.  If the client has a conservator of person, the conservator must sign.  If the youth is committed, the SW or SWS must sign.  If committed delinquent, the parent or guardian must sign. |  |  |  |  |  |
| Current Clinical Documentation **(Current is within 1 year)** |  |  |  |  |  |
| Current mental health (MH) diagnoses. |  |  |  |  |  |
| Current documentation to support diagnosis. |  |  |  |  |  |
| Current fire setting evaluation or summary of behaviors. |  |  |  |  |  |
| Current Neurological Evaluation. |  |  |  |  |  |
| Current Neuropsychological Evaluation. |  |  |  |  |  |
| Current psychiatric hospitalization records. |  |  |  |  |  |
| Current Psychological Evaluation. |  |  |  |  |  |
| Current Psychosexual Evaluation or other testing. |  |  |  |  |  |
| Current details/summary of recent sexual offending or sexually inappropriate behaviors. |  |  |  |  |  |
| Current Clinical Summaries from MH providers. |  |  |  |  |  |
| Current Clinical Summaries form residential providers. |  |  |  |  |  |
| All available Learning Inventory of Skills Training Assessments (**LIST**) |  |  |  |  |  |
| Past Clinical Documentation (> 1 Year) |  |  |  |  |  |
| Past mental health (MH) diagnoses. |  |  |  |  |  |
| Past documentation to support MH diagnosis. |  |  |  |  |  |
| Past fire setting evaluation or summary of behaviors. |  |  |  |  |  |
| Past Neurological Evaluation. |  |  |  |  |  |
| Past Neuropsychological Evaluation. |  |  |  |  |  |
| Past psychiatric hospitalization records. |  |  |  |  |  |
| Client Name:       LINK#: | Inc. | N/A | Fwd. | Not  Avl. | Document Name |
| Past Psychological Evaluation. |  |  |  |  |  |
| Past Psychosexual Evaluation or other testing. |  |  |  |  |  |
| Past details/summary of recent sexual offending or sexually inappropriate behaviors. |  |  |  |  |  |
| Past Clinical Summaries from MH providers. |  |  |  |  |  |
| Past Clinical Summaries form residential providers. |  |  |  |  |  |
| Medical |  |  |  |  |  |
| Documentation of allergies. |  |  |  |  |  |
| Documentation of significant medical conditions. |  |  |  |  |  |
| List of **current** medications (client is taking now). |  |  |  |  |  |
| List of past medications. |  |  |  |  |  |
| Education |  |  |  |  |  |
| Most recent IEP (**with exit criterion**) |  |  |  |  |  |
| IQ Scores (If FSIQ is below 70 need DDS denial letter or provide documentation that indicates DDS is not needed.) |  |  |  |  |  |

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| RRG Notes (Completed by RRG/Clinical Staff Only): |
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RRG/Clinical Staff Signature:

I have reviewed this referral and find that it is appropriate to forward to The Department of Mental Health and Addiction Services for an eligibility determination for the Young Adult Services Program.

**Name**:       **License**:  **Date**: