****

Phone: 774-455-4127

Fax: 508-721-7038

Date of Referral\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **LINK-KID REFERRAL FORM**

|  |  |  |
| --- | --- | --- |
| Name:  | Date of Birth:  | Age:  |
| Gender: M [ ]  F [ ]  T [ ]  | Primary Language:  | Legal Custody Status:  |
| Race/Ethnicity:  | LGBTQ Yes[ ]  No[ ]  |  |
| Address:  |
| City:   | State:  | Zip:   |
| **Referral Source Name:**  | **Referral Source Phone:**  |
| **Referral Source Relationship to youth:**  | **Referral Source Email Address:** |
| **Mother/Guardian Name**:  | **Father/Guardian Name**:  |
| Address: [ ]  Same [ ]  Other:  | Address: [ ]  Same [ ]  Other:  |
| Telephone: [ ]  Same [ ] Other:  | Telephone: [ ]  Same [ ] Other:  |
| Primary Language:  | Primary Language: |
| **DCF Involvement:**  [ ]  Yes [ ]  No [ ]  Custody  | **Foster Parent Name**:  |
| **Social Worker Name:**  | Address: [ ]  Same [ ]  Other: |
| E-mail Address: | Telephone: [ ]  Same [ ] Other  |
| Telephone: [ ]  Same [ ] Other:  | Primary Language: |
| Email Address of Caregiver: |
| **Name of School:** Grade: IEP/504 [ ]  Yes [ ]  No  |
| **Developmental Delay/Intellectual Disability:**  |
| Primary Care Physician:  | Telephone: |
| Other Providers Involved: | Telephone: |
| Current Living Situation:  | [ ]  Home | [ ]  Relative | [ ]  Foster Care | [ ]  Medical Hospital | [ ]  Jail/Lock Up | [ ]  Detention |
|  | [ ]  Friends | [ ]  Homeless | [ ]  Group Care | [ ]  Psych Hospital | [ ]  Shelter/ Assessment | [ ]  Unknown |
| Is the family involved with the military? [ ]  No [ ]  Yes If yes, please describe:  |
| Is the family involved with the court system? [ ]  No [ ]  Yes If yes, please describe:  |

|  |  |
| --- | --- |
| **Primary** **Insurance Company:**   | **Policy #:**  |
| **Name & DOB of Insurance Carrier:** |
| **Secondary** **Insurance Company:**   | **Policy #:**  |
| EBT Referred For: | Clinic Based [ ]  In-Home Therapy [ ]  |
| Appointment Preference: (as availability allows) | Circle one: Morning Afternoon Evening   |
| Does family have access to transportation for treatment? [ ]  Yes [ ]  No  |
| Other possible barriers to treatment: |

**History of Trauma and Behaviors Related to the Trauma:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Trauma Screen: History (Check all that apply)**

❑Sexual Abuse ❑Emotional/Psychological Abuse ❑Domestic Violence ❑Community Violence

❑Physical Abuse ❑Severe Accident or Illness ❑ Parental Substance Abuse ❑Traumatic Grief

❑Neglect ❑War/Terrorism/Immigration ❑Natural Disaster ❑Parent Mental Illness

❑Frequent Moves ❑Parent history of trauma ❑Kidnapping ❑School Violence/Bullying

❑Homelessness ❑Parent Incarcerated ❑Parent Deployed

❑ Systems-Induced Trauma (ie. Removal/multiple placements ❑Victim of Commercial Sexual Exploitation (CSEC)

❑Separation from parent due to death, divorce, abandonment or other reason.

❑Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Reactions/Behaviors/Functioning Related to the Trauma (Check all that apply)**

❑Oppositional Behaviors ❑Depression ❑Self-Harm ❑Dissociation ❑Impulsivity

❑Attention/concentration ❑Conduct Problems ❑Sleep Difficulties ❑Anger Problems ❑Regression

❑Suicidal Ideations ❑Homicidal Ideations ❑Audio Hallucinations ❑Visual Hallucinations ❑Anxiety

❑Sexualized Behaviors ❑Animal Cruelty ❑Attachment/relationship

❑Somatization/Physical ❑Problems with Difficulties

 Complaints Emotional Regulation ❑ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Posttraumatic Stress Reactions Related to the Trauma (Check all that apply)**

❑ Re-experiencing (nightmares, flashbacks or intrusive thoughts)

❑ Avoidance (not want to talk about the trauma, avoiding trauma reminders)

❑ Numbing (lack of emotion, social withdrawal)

❑ Hyperarousal (exaggerated startle response(s), hyper-vigilance, being “on edge”)

**\*\* Please note, we are not able to process incomplete referrals\*\***