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Description automatically generated

Phone #774-455-4127

Referrals may be emailed to [CTTCreferral@umassmed.edu](mailto:CTTCreferral@umassmed.edu)

or faxed to #508-721-7038

**LINK-KID REFERRAL FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of Referral: | | | | | | |
| Name: | | | Date of Birth: | | | Age: |
| Gender: | Primary Language: | | Legal Custody Status: | | | |
| Race/Ethnicity: | LGBTQ  Yes  No | | Youth’s Phone # (if 18 or older): | | | |
| Address: | | | Youth’s email address (if18 or older): | | | |
| City: | | State: | Zip Code: | | Current Living Status: | |
| **Primary Caregiver #1 name**: | | | **Primary Caregiver #2 name**: | | | |
| Address:  Same  Other: | | | Address:  Same  Other: | | | |
| Telephone:  Same Other: | | | Telephone:  Same Other: | | | |
| Primary Language: | | | Primary Language: | | | |
| Email Address: | | | Email Address: | | | |
| **Referral Source Name:** | | | **Referral Source Cell Phone:** | | | |
| **Referral Source Email Address:** | | | **Referral Source Relationship to Youth:** | | | |
| **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: | | | |
| **State Agency Involvement (check all that apply):**  DCF  DDS  DMH  DYS  Probation Department  N/A | | | | | | |
| **Primary** **Insurance Company:** | | | | **Policy #:** | | |
| **Name of Insurance Carrier:** | | | | **DOB of Insurance Carrier:** | | |
| **Secondary Insurance Company:** | | | | **Policy #:** | | |
| **Name of Insurance Carrier:** | | | | **DOB of Insurance Carrier:** | | |
| **Primary Care Physician:** | | | | **Telephone:** | | |
| Other Providers Involved: | | | | Telephone: | | |
| Is the family involved with the court system?  No  Yes If yes, please describe: | | | | | | |
| Name of School:     Grade: | | | | | | |
| Developmental Delay/Intellectual Disability: | | | | | | |
| Mental Health/Axis I Diagnosis: | | | | | | |
| EBT Referred For: | | | Service Type:  Outpatient  In-Home Therapy | | | |
| Appointment Preference: (more flexibility gives greater access and shorter wait times) | | | Mornings  Afternoons  Evenings | | | |
| Service Setting:  In Person Only  Telehealth  Hybrid-In Person and Telehealth | | | | | | |
| 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)**

Physical Abuse Sexual Abuse Engaged in Prostitution Victim of Commercial Sexual Exploitation (CSEC)

Emotional Abuse School Violence/Bullying Domestic Violence Violence in neighborhood

War/Terrorism/Immigration Natural Disaster Lost Loved-one due to death, divorce, or abandonment

Parent Incarcerated Separated from parents/caregivers Parental Substance Abuse

Parent history of trauma Parent Mental Illness Frequent Moves Homelessness Neglect

Systems-Induced Trauma (i.e. Removal multiple placements)

Been in a severe accident or have/had severe illness Been kidnapped Parent Deployed

Traumatic grief (e.g., great difficulty moving through stages of grief)

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 Anxiety Anger Problems Regression

Somatization/Physical Prob/w Emotional Reg Attach/relationship Suicidal Ideations

Homicidal Ideations Audio Hallucinations Sleep Difficulties Sexualized Behaviors

Animal Cruelty Visual Hallucinations Other (please explain):

**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\*\***