CANA
Center for Africans Now in America

Form #002: Referral Form

Client Name:	DOB:	Ss#	Age:	CHMH:
Current Address:		Phone:		
Parent/Caregiver:		Phone:		
Referring Party Name:		Phone:	Fax:	
Relationship to Client:				
Address:		E-mail:		
Agencies Involved:				
☐ School	☐ Probation	☐ CMH	☐ PP	☐ Other:
Case Manager:	Phone:	E-mail:		
Case manager:	Phone:	E-mail:		
1. Client is a full scope MA beneficiary, under age 21?				
☐ Yes ☐	MA #:	County Code:	Aide Code:	

2. Child/Youth is receiving Specialty Mental Health Services (therapy, case/medication management, etc.)?		
☐ Yes N☐		
Current Therapist/Case Management/Social Worker:		
Phone:	Fax:	E-Mail:
Current Diagnosis: Axis 1:	Axis 1 Secondary	
Axis 11:	Axis 111:	Axis 1V:
Client's Psychologist:	Current Medication:	

3. Which of the following conditions have been met by child/youth? (check all the apply)	
☐	Is at risk for emergency psychiatric hospitalization as one possible treatment option, through not necessarily the only treatment option, **or** has had at least one emergency psychiatric hospitalization within the past 24 months.
☐	Is being considered for placement in a level 12 or above group home as one possible treatment option, though not necessarily the only treatment option, **or** is currently placed in a level 12 or above group home for mental health needs.
☐	Has previously received TBS while a member of the certified class.

AND meets the following eligibility criteria? (check all that apply)

☐	Child/youth may need an out of home placement, a higher level of residential care or acute care
☐	Child/youth transitioning to a lower level or care and need TBS to support the transition.

4. What specific problem behaviors are jeopardizing the current living situation

5. Are there any specific needs with regard to the child's/caregiver's language, culture, or gender?

6. What are the days and hours of services that are being requested?

☐ **Copy of most recent IEPs/Mental Health Intake Assessment (Required)**
☐ **Signed Release of Information (Required-if referral from outside MHP)**

Fax referral to: CANA Special Education/Mental Health Services at (952) 707- 9684
Questions contact: CANA- Center for Africans Now in America (952) 356-2953