

Mentoring Referral Form
240-499-8949 (Telephone) PMI@lead4lifeinc.org (Email)

~Please complete the entire form~

Date of Referral: _____ Referred By (Name/Title/Agency): _____

Phone: _____ Email: _____

Relationship to Family/Child: _____

DSS County: _____

DSS Contact Info: _____

Phone: _____ Email: _____

CHILD(REN) INFORMATION

Child's Name (First/Last): _____ D.O.B./Age: _____

Gender: _____ Race: _____ Ethnicity: _____ Primary Language: _____

Child's Name (First/Last): _____ D.O.B./Age: _____

Gender: _____ Race: _____ Ethnicity: _____ Primary Language: _____

Child's Name (First/Last): _____ D.O.B./Age: _____

Gender: _____ Race: _____ Ethnicity: _____ Primary Language: _____

Address: _____

(Street) (Apt #) (City) (State & Zip Code)

Medicaid / #: _____ Private Insurance /Info: _____

FAMILY INFORMATION-All Caregivers

Name: (First/Last): _____ D.O.B./Age: _____

Relationship to Child: _____

Gender: _____ Race: _____ Ethnicity: _____ Primary Language: _____

Address: _____

(Street) (Apt #) (City) (State & Zip Code)

Phone: _____ E-mail: _____

Name: (First/Last): _____ D.O.B./Age: _____

Relationship to Child: _____

Gender: _____ Race: _____ Ethnicity: _____ Primary Language: _____

Address: _____

(Street) (Apt #) (City) (State & Zip Code)

Phone: _____ E-mail: _____

CHILD'S NEEDS

It is helpful for us to have as much information on the child you are referring so we can assign him/her to a service/mentor who can best serve their needs. Please provide as much information as possible in this section.

- Has the child had a previous psychological evaluation? YES NO If so, completed: _____
- Has the child been hospitalized in the past 6 months? YES NO If so, where and duration of stay: _____
- Has the child been detained in the past 6 months? YES NO If so, what was the reason: _____
- Has the child been removed from the home for any reason? YES NO If so, what was the reason: _____
- Does the child have any other special communication needs? YES NO If so, please explain: _____

What are the current symptoms promoting the request for service and/or mentor (check all that apply)?

- | | | |
|---|--|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Self-Injurious Behaviors | <input type="checkbox"/> Sexual Behavior Issues |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Eating Disorder Symptoms | <input type="checkbox"/> MR Diagnosis |
| <input type="checkbox"/> Withdrawn/Poor Social Interaction | <input type="checkbox"/> Poor Academic Performance | <input type="checkbox"/> Possible Developmental Delays |
| <input type="checkbox"/> Mood Instability | <input type="checkbox"/> Behavior Problems at Home | <input type="checkbox"/> Possible Autism |
| <input type="checkbox"/> Psychosis or Hallucinations | <input type="checkbox"/> Behavior Problems at School | <input type="checkbox"/> Lack of Parent Involvement |
| <input type="checkbox"/> Bizarre Behavior | <input type="checkbox"/> Inattention | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Unprovoked Agitation or Aggression | <input type="checkbox"/> Hyperactivity | _____ |

FAMILY'S NEEDS

Please feel free to provide us with any additional information not included in your documents provided to Lead4Life you think may be helpful to us in providing services to this family:

RECOMMENDED SERVICE'S

- Clinical Mentoring ~ Duration of service requested: _____ (Hours per month) for _____ (Number of months)
- Social Mentoring ~ Duration of service requested: _____ (Hours per month) for _____ (Number of months)
- Parent Mentoring ~ Duration of service requested: _____ (Hours per month) for _____ (Number of months)
- Alternative Placement Youth 1:1 Service Request

Comments: _____

L4L INTERNAL USE ONLY

Reviewed by: _____ Date: _____

Assigned to: _____/_____/_____ Date: _____

Comments: _____

Confirmation of Services to (mentor/billing/referral source): _____ Date: _____

- Phone call Email Text

We appreciate you taking the time to complete this referral form and for giving us the opportunity to serve the family. Please feel free to call/email us with any questions or concerns.