

Dear Referring Agent or Parent/Guardian,

To save you the time required having to call us back and/or re-fax us information and to complete the intake process in a timely manner, please consider the issue below as you complete a referral form.

Page 1: Client's Demographic/Contact Information

List as much demographic/contact information as you have

Be *CERTAIN* to check off "Yes" or "No" for **ALL** insurance related questions—i.e., Medicaid, Private Insurance, Court involvement (if these are not clearly answered, there will be a delay in the processing of your case until we have the information).

Indicate all previous treatment (s) and time period services began/ended

Page 2: Problems to be Treated

Please be as specific and detailed as possible when answering all questions on this page so we can have a clear understanding of the client's past/present behavior and mental health status; if a question does not apply to your client please write "NO" or "N/A", if you are unsure, write "unknown".

Page 3: Child's Family Doctor/Current Medications/Family Challenges & Strengths

Please be as thorough as possible when listing the challenges the family has faced (i.e., divorce, financial instability, verbal conflict etc.) and the child/family's strengths (i.e., likes sports, interested in art, has meals together etc.)

Make sure the referring agent (most likely the person completing the forms) provides all of ***their contact information, their signature and that the parent/guardian signs the bottom.***

Page 4: Early and Periodic Screening, Diagnosis, Treatment (EPSDT) Screen

Be sure to be clear as to who the "screener" is; the screener is the person asking if any of the behaviors on the "Child's Problems" section (page 5) and "Problems in Child's Environment" section (page 6) have existed in the last month or ever. The source of information is the person answering those same questions.

Page 6: Problems in Child's Environment

The screener (same as above) and the parent/guardian **MUST sign** the bottom.

Page 7: Consent for Release of Mental Health Information

We MUST have one of these forms completed for each agency/person that the information can be released to. We must have one completed for the referring agent's agency (i.e., Delaware Guidance Services, Broudy & Associates, etc.) and one for each additional

agency/person, such as the client's school, primary doctor etc., also **ALL** of the boxes on the form must be checked to ensure the ability to release and receive all necessary information.

Page 8: Consent for Release of Drug/Alcohol Treatment Information

Again, check off **all** boxes. For substance abuse services, if the client is 14 years-old or older, the client has to **sign** the form and when possible we would like a parent signature. For mental health services, the parent/guardian has to **sign** the form.

Page 9: Mental Health Aide

This form is only to be completed if you are requesting outpatient services with an aide. If this does not apply, write "**N/A**" across the entire page.

Please attach any available assessments, discharge summaries and other clinical or educational information that is available.

Once completed, you may fax the referral to us at (302) 622-4475 or mail it to the address below.

I hope this information is helpful to you. If you have any questions, please feel free to contact us at the numbers listed below.

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