



Child and Adolescent Behavioral Health Referral Form- Ages 6-19

****Please complete front of form and fax/email to provider selected on the back of the form****
For information on the CRPN Child and Adolescent Mental Health Project or the Cuyahoga County Perinatal Depression Task Force, call (216) 844-3391 or email CRPN Project Director at Avril.Albaugh@UHHospitals.org **Revised 2/18** This form may be reproduced.

Date _____ Agency Referred to _____ Fax _____ (see reverse side)

Patient Name _____ DOB _____ SS# _____

Address _____ City _____ Zip _____

Phone _____ Alt Phone _____ Can we leave a message? Y N

Insurance Info. _____ Policy # (if available) _____

Reason(s) for Referral:

Is child in County custody? Y N If Y, county worker name: _____

Name of the child's school: _____

Screening tool used: _____ At Risk: Yes No

Suicidal Risk: Yes No Homicidal Risk: Yes No

Has the child received a mental health assessment in the past year? : Yes No

If yes, who was the assessment was completed by? _____

Is the child currently on medication? Y N

If Y, prescribed by: _____

Referring Provider Name / Title _____

Provider Phone _____ Provider Email _____

Referring Provider Fax _____ **(Please list fax number for feedback on your patient)**

I authorize the Referring Provider named above and the participants of the CRPN to mutually disclose my personal, demographic, social, physical and mental health assessment, insurance, and appointment information for the purpose of coordination of care, treatment and services. This authorization is valid for one year from the date it is signed unless an earlier date or event is written here: _____. I understand that I may revoke this authorization at any time by submitting a dated and signed written request to the Privacy Officer of the Referring Agency. I understand that the revocation will not apply to information that has already been released in response to this authorization. I also understand that information used or disclosed according to this authorization may be subject to redisclosure by the recipient and may no longer be protected by law. My failure to sign this authorization may result in my information not being released. My failure to sign this authorization will not limit my access to treatment or other services.

Guardian Signature: _____ Date: _____

Print Guardian Name: _____ Guardian Phone: _____

Relationship to Client: _____

Community Behavioral Mental Health Agencies in Cuyahoga County with specific programs for children and adolescents. Revised 2/18

When faxing/emailing, please also leave a phone message to alert intake a referral form was sent.

Bellefaire, JCB
www.bellefairejcb.org

Phone Intake: 1-800-879-2522
Fax Intake: 216-932-8520
Email: intake@bellefairejcb.org

Children, Youth, and Family Services: Parent – child behavioral health services for families and children experiencing oppositional behaviors, anxiety, depression, and/or substance abuse issues. Serving children of all ages, we provide services in-home, outpatient, and in school settings. Services include assessment, counseling, group therapy, medication management, case management, and care coordination. Services covered by Medicaid and select commercial insurance providers. Self-pay options available. Office-based services in Shaker Heights and Cleveland Heights.

Signature Health Inc (formerly Connections)
www.signaturehealthinc.com

Phone Intake: 216-831-6466 x 232
Fax Intake: 216-766-6086
Email: access@connectionsleveland.org

Child & Adolescent Program: Offering home or office based specialized mental health care designed for children and adolescents to regain and / or develop the emotional wellbeing and behavioral control necessary for successful school, family and peer experience. Offices in Beachwood and Ohio City. Services available for those with no insurance as well as Medicaid, Medicare, and select insurance providers.

OhioGuidestone
www.OhioGuidestone.org

Phone Intake: 440-260-8300
Fax Intake: 440-260-8575
Email: IntakeGroup@OhioGuidestone.org

Children, Adolescents, and Families: Individual and family counseling for children struggling with anger, sexual behavior problems, anxiety, stress management, depression, substance abuse, or are victims of sexual abuse. Experienced and compassionate counselors help children work through their problems and develop appropriate coping solutions. Home-based counseling available in Cuyahoga, Lake, Lorain, Summit, Stark, Portage, Medina, and Franklin Counties. Office-based services in Euclid, Garfield Heights, Brook Park, Lakewood, Cleveland, and Lorain.

Applewood Centers, Inc.
www.ApplewoodCenters.org

Phone Intake: 216-459-9827
Fax Intake: 216-521-6006
Email: intake@applewoodcenters.org

Children, Youth, and Family Services: Providing behavioral health services, substance abuse counseling, psychiatry services, education and support to children of all ages and their families. In-home, outpatient, and in-school service settings. Services include assessment, counseling, medication management, case management, group therapy, and care coordination. Services covered by Medicaid and select commercial insurance providers. Out-of-network and self-pay options available. Office-based services in Cleveland and Lorain County.

FrontLine Service Mobile Crisis

Phone 216-623-6888

24 hour Hotline Crisis intervention and suicide hotline. Information, assessment and referral.

Note: List above is for Medicaid, Medicare, Commercial Insurance and self pay. Commercial Insurance may require prior authorization from insurance carrier and referral to specific mental health providers. This does not represent a complete list of community mental health agencies.

For more listings call First Call for Help at 211 or 216-436-2000.

