



Collective Voices Referral Form

Date of Referral:

Referring Funding Source. Please check the box that applies:

- CCS
- CLTS
- CCF
- Self-Pay
- Other _____

Client Information:

Name:

Date of Birth and Age:

Race/Ethnicity (optional):

Preferred Pronouns:

Address:

Phone (best):

Email:

School/ Current Grade Level (optional):

Employment (optional):

Emergency contact (name, relationship, cell, email):

For minors only:

Parent/Guardian Name(s):

Phone:

Email:

Parent/Guardian Address: SAME as client? If yes, you can just write "same" below.



Referral Source, Case Coordinator, or Service Facilitator Information:

Agency (Name and role):

Phone Number:

Email:

Services Requested:

- Individual Skill Development (CCS only)
- Psychoeducation (CCS and CCF)
- Special Therapy (CCF only)
- Other:

Hours authorized/desired (please include the # of hours/week or month):

Availability for services (days and times that work best for the client to meet):

Please list current and prior Mental Health and Substance Use Diagnosis (es):

Safety Concerns: Please attach additional pages if needed):

History of suicide or homicidal ideation: ___ yes ___ no

Did client have a plan/means? ___yes ___no

If yes, any history of attempts ___yes ___no

If yes, please provide additional information: month/year, circumstances, and any interventions (i.e. hospitalization, services, supports):

Actively suicidal or homicidal? ___ yes ___ no

If yes, does the client have an updated safety plan? ___ yes ___ no

Historical and/or current self-harming behaviors (i.e. hitting self, cutting, burning, hair pulling, skin picking, scratching)? ___ yes ___ no



Current Treatment Provider(s):

Name Agency Role on team (i.e. therapist, prescriber, etc.) Month/Year Services Started

Client Strengths:

Client Barriers/Challenges:

Reason for Referral – please be as specific as possible (attach additional pages if needed):

Service Goals (In client’s words; what does the client hope to learn, gain from engaging in services with Collective Voices)?

Please provide any additional information that will allow Collective Voices to better serve the client. Please submit to Jessie Kushner at collectivevoices2019@gmail.com. Once I receive this completed form, I will reach back out to you! 😊 ~ Jessie Kushner