Eligibility Criteria Met: ***Must meet all of the following***

__Client has active Medicaid
__Client has a Mental Health Diagnosis
__Client is reporting difficulty functioning

Referral Form

Referring Agency:_____ **Ph. #: _____** **Date: _____**

Representative: _____ **Email Address: _____**

Receiving Agency: Pickett Fences Family

Attention c/o: _____ **Ph: 954-486-8878** **Fax: 888-516-7046** **Email: info@pickettfencesfamily.com**

Client's Name: _____ **Sex: _____** **Ph. #**:_____

Address: _____ **City: _____** **Zip: _____**

Social Security Number: _____ **DOB: _____** **Mental Health Diagnosis: _____**

Reason for referral: _____

☐ **Medicaid Beneficiary** ☐ **Medicaid Eligible** ☐ **Pending Medicaid** ☐ **Denied Medicaid**

☐ **Medicaid Number (if applicable): _____**

RISK FACTORS (reason for referral): check all that apply:

☐Documented history of child abuse or neglect with either the parent or child

☐ Has a mental health disability (i.e., serious emotional disturbance or emotional disturbance) which requires advocacy for and coordination of services to maintain or improve level of functioning

☐ Persistent, serious family conflict or family violence requiring intervention by law enforcement

☐ Requires services to assist him or her in attaining self-sufficiency and satisfaction in the living, learning, work and social environments of his or her choice

☐Is in out-of-home mental health placement or at documented risk of out-of-home mental health Placement (Child)

☐ Lacks a natural support system with the ability to access needed medical and social environments of his or her choice

☐Pregnant - If yes, is this a high-risk pregnancy ☐ Yes ☐ No

☐ Feelings of depression/depressed mood

☐ Is awaiting admission or been discharged from a Mental Health Facility

☐ Other (please explain) _____

Office Use Only

Date referral received ___/___/___ Date admitted to program___/___/___

Date of initial contact___/___/___ Closure Date ___/___/___

Assessment Scheduled___/___/___ Eligibility requirements meet? ( ) Yes ( ) No

____ _________________________________

Reviewed by Name Date