



Mary's Center

Saving lives and creating stronger communities, one family at a time.

MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC.

School Based Mental Health, Case Management & Community Support - Referral Form

Please complete the shaded/starred sections of the form and return to the Mary's Center Therapist.

*Student Name: _____ *Date of Birth: _____ *Grade: _____

*Student Address: _____ *Student Phone: _____

Is this a referral for Mental Health Services? Yes No

Is this a referral for Case Management/Community Support Services? Yes No

Does the student have an IEP/504 Plan/Other accommodations? Yes No

If yes, please explain: _____

Student Resides with: Biological Parent(s) Adoptive Parent(s) Foster Parent(s)
 Relative Care Group Home Other: _____

*Reason for Referral (If known, please include a brief description of the presenting problem, if the student has been exposed to trauma/abuse/domestic violence, types of disruptive behaviors, types of depressive or anxious behaviors): _____

*Name of Parent/Guardian/Caregiver 1: _____ Relationship: _____

Name of Parent/Guardian/Caregiver 2: _____ Relationship: _____

Address (if different than the student's): _____ Is the family homeless: Yes No

Contact Number(s):

*Parent/Guardian 1: Home: _____ Cell: _____ Work: _____

Parent/Guardian 2: Home: _____ Cell: _____ Work: _____

Language(s) Spoken at Home: English Spanish French Amharic Other: _____



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***Referral Protocol:**

*Date of the Referral: _____ *School: _____

*Referring Staff Name: _____ *Position: _____

*Self-Referral Yes *Name: _____

*How was the family notified about the referral by the school/referral source? Phone Email Letter

*Who made initial contact: _____ Date: _____
Name & Title of School Staff Member

***Does the family agree with this referral;** Yes No, **Comment:** _____

Would the family like information about services that Mary's Center Provides? Yes No,

- If yes, please check areas of interest Medical Care Dental Care Teen Program
- Health Education Social Services Literacy Home Visiting
- Entitlement Benefits Assistance (Bilingual Health Access Program) Fatherhood Program
- Other (please explain): _____

Would the family benefit from ongoing community support services through MC FSW? Yes No

Needs may include:

- Obtaining insurance, benefits Fulfilling basic needs (food, clothing, housing)
- Referral for medical, mental health, social services, and/or other community support services
- Other (please explain): _____

Disposition/Action to be taken by Mary's Center's School Based Mental Health Program

Date of First Contact: _____ Outcome: _____

Date of Second Contact: _____ Outcome: _____

Date of Third Contact: _____ Outcome: _____

Placed on Waiting List on the Following Date: _____

Case opened and assigned to: _____ Date: _____

Referral Feedback Submitted on the following date: _____, via Email Phone Mailbox