YDI BEHAVIORAL HEALTH REFERRAL FORM

Date: _____ **Services Requesting:** Individual Therapy ☐ Family Therapy ☐ Substance Abuse ☐

Comprehensive Community Support Services ☐ Transitional Living Services/Transitional Living Program ☐

Do you or anyone in your household work for YDI? YES ☐ NO ☐

Client Name: _____ **Gender:** _____**DOB:** _____ **Age:** _____

Address: _____ **Phone #**: _____

Medicaid #: _____**Social Security #:** _____**Managed Care Organization**: _____

School Attending: _____ **Grade:** _____

PARENT/GUARDIAN INFORMATION (if under 18):

_____ _____ _____
Name and Relationship to Youth Home # Work #

_____ _____ _____
Name and Relationship to Youth Home # Work #

Does the referred client have a current mental health assessment and/or diagnosis? YES ☐ NO ☐

Other Agencies Involved with Family (Protective Services, Juvenile Justice, Social Services, etc.):

_____ _____
Name Number Agency Name Number Agency

REASON FOR REFERRAL:

_____
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Name/Relationship of Person Making Referral: _____

Phone #: _____ **How did you hear about this service?** _____

Youth Development, Inc. 1710 Centro Familiar SW, Albuquerque New Mexico 87105
Phone 505-212-7405 Fax 505-877-3533

PLEASE FAX COMPLETED FORM TO 505-877-3533