



SafetyNet Behavioral Healthcare
 80 Mel Bailey Drive
 Minter, AL 36761
 (334) 872-6196

SAFETYNET REFERRAL FORM

Intensive Moderate

Name: _____ Admission Date: _____

Birth Date: _____ Race: _____

Social Security Nbr: _____ Religious Preference: _____

Medicaid Number: _____

Other Health Insurance Number & Carrier Name: _____

Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Approved Contact List:

Check each box that applies to indicate the level of contact the student is allowed to have for each individual

1. Biological Mother: _____ Age _____

Address: _____ Telephone Number: _____

City/State: _____ Alternate Number: _____

Phone Mail On Campus Visit On Campus Visit, Supervised Off Campus Visit Off Campus Visit, Overnight

2. Biological Father: _____ Age _____

Address: _____ Telephone Number: _____

City/State: _____ Alternate Number: _____

Phone Mail On Campus Visit On Campus Visit, Supervised Off Campus Visit Off Campus Visit, Overnight

3. Name: _____ Relation: _____ Age _____

Address: _____ Telephone Number: _____

City/State: _____ Alternate Number: _____

Phone Mail On Campus Visit On Campus Visit, Supervised Off Campus Visit Off Campus Visit, Overnight

4. Name: _____ Relation: _____ Age _____

Address: _____ Telephone Number: _____

City/State: _____ Alternate Number: _____

Phone Mail On Campus Visit On Campus Visit, Supervised Off Campus Visit Off Campus Visit, Overnight

5. Name: _____ Relation: _____ Age _____

Address: _____ Telephone Number: _____

City/State: _____ Alternate Number: _____

Phone Mail On Campus Visit On Campus Visit, Supervised Off Campus Visit Off Campus Visit, Overnight

SafetyNet Referral Form

Agency To Provide Payment: _____

Title: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Student Current Location: _____

Reason For Placement: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Previous Placement (If Any): _____ From: _____ To: _____

Reason For Placement: _____

Reason For Discharge: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Additional Previous Placement (If Any): _____ From: _____ To: _____

Reason For Placement: _____

Reason For Discharge: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Additional Previous Placement (If Any): No Yes (List On Reverse Side Of This Page)

Probation Officer (If Applicable): _____ Reason For Probation: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Does The Youth have Any Legal Charges Pending: No Yes What Are These Charges: _____

Social Worker (If Applicable): _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

SafetyNet Referral Form

Emergency Contact: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Reason For Referral:

Prior contact with Mental Health (Mental Health Center, Psychologist, Psychiatrist, School Counselor, Psychiatric Hospitalization, etc) Yes No

If "Yes" Describe:

SafetyNet Will Need Copies Of All Previous Educational Evaluations, Psychological Evaluations, Psychiatric Evaluations, Hospital Discharge Summaries, and Any Other Documents Containing Diagnostic or Treatment Information.

History of Self-Injurious Behaviors or Suicide Attempts/Gestures: Yes No

If "Yes" Describe:

SafetyNet Referral Form

School Records: Yes No

Last School Contacted: Yes No

Last Grade Completed: _____

Does Student Require Special Education: Yes No If "Yes", Why?: _____

Educational Problems/Concerns:

Medical Illness, Condition, Special Concerns or Needs, etc. Yes No

If "Yes" Describe:

Last Eye Exam: _____

Last Dental Appointment: _____

Last EPSDT Screening: _____

Any known allergies: Yes No

If "Yes" Describe:

Medications:

Dietary Requirements (If Any):

Special Needs Not Included Elsewhere In The Form:

SafetyNet Referral Form

SafetyNet Requires the following Documents Prior to Admission, Unless the Admission is an Emergency:

- 1. Psychiatric & Psychological Reports, if available**
- 2. Copy of Court Custody Order, and Any Agreement with Parent, Agency, or Person Holding Legal Custody or Having Planning Responsibility.**
- 3. Current Medical Examination Report**
- 4. School Records (IEP, Transcript, etc)**
- 5. DHR Form 724 or Letter From Multiple Needs Team Authorizing Payment**
- 6. Social Summary or Comprehensive Family Assessment, if available**
- 7. Certificate of Need, if applicable**

SafetyNet Requires the following Documents/Information at Time of Admission:

- 1. A signed Placement agreement (DHR-DFC-824) for children who are not in the custody of DHR at the time of admission OR an Inter-agency agreement (DHR-DFC-823) for children who are in the custody of DHR at the time of admission.**
- 2. Most Recent ISP**
- 3. List of Immunizations**
- 4. Birth Certificate**
- 5. Medical Insurance Card/Medicaid Card or Copy**
- 6. Court Order (If Admission is the Result of Court Action)**
- 7. Clothing Requirements**

Application Submitted By: _____
(Sign)

Date: _____

Organization: _____

Title: _____

Telephone: _____