



Bethany Christian Services Counseling Services Referral Form

Services Requesting: Intensive Family Intervention (IFI) ADOPTS

Referral Date: _____

Referring person : _____

Tel #: _____

Child's Name: _____

Social Security Number: _____

Age/ D.O.B.: _____

Race/Ethnicity: _____

CURRENT PLACEMENT STATUS:

- Foster care Pre-Adoptive placement Adoptive home
- Residential Placement Birth home Other: _____

Date child entered current placement: _____

Name of parent/ guardian/ foster parent: _____

Address: _____

Telephone Number(s): _____ (hm.) _____ (cell)

If applicable, name of DFCS worker: _____ County: _____

Tel#: _____

INSURANCE:

- Private Insurance _____
(please indicate type)
- Medicaid
- Community Mental Health
- Sliding scale applicant
- Adoption Subsidy
- Program billing: _____
Program Director's approval required

SCHOOL:

Name of Current School: _____

Address: _____

Current Grade Level: _____

Does the child have a hx. of missing school due to behaviors? Yes No

If yes, why?: _____

PRESENT BEHAVIORS: (Includes issues related to: Family, Environment, Peer Interactions, School Environment, Skill and/or Developmental Needs and Current Stressor):

MENTAL HEALTH STATUS

Please indicate current mental health services child is currently receiving:

- 1. _____
- 2. _____

If applicable, please indicate most recent diagnosis:

Axis I: Clinical Disorders	Axis II: Personality Disorders	Axis III Medical Conditions:	Axis IV Psychosocial Stressors

Psychotropic Medications:

Name/ prescribed by:	Dosage:	Reason:

INCIDENTS OF TRAUMA IN CHILD’S LIFE:

- | | |
|-------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Traumatic loss |
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Familial violence |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Acute incidents (i.e. accidents) |
| <input type="checkbox"/> Chronic neglect | <input type="checkbox"/> Medical trauma |
| <input type="checkbox"/> Parental substance abuse | <input type="checkbox"/> Exposure to war/terrorism/mass trauma |
| <input type="checkbox"/> Parental mental illness | <input type="checkbox"/> Trafficking |
| <input type="checkbox"/> Multiple disruptions of attachment | <input type="checkbox"/> Other _____ |

Signature of Social Worker

Date

Supervisor’s Signature

Date

Program Director’s Signature

Date

**** Attach copies of most recent psychological, developmental, IEP, or Medlin Clinic reports.****

Email or fax form to Lisa Zimmerman (Fax: 770-455-7118)

Date referral received _____

Attachments received ___ yes ___ No

NOTES:

Social Worker’s Signature

Date

Clinical Services
Bethany Christian Services
Program Descriptions/Information for referral for services

(IFI) Intensive Family Intervention:

- *Description:* IFI is a program that provides intensive in-home/community support to families when at least one child in the home is experiencing a mental health crisis. It is interactive and directed towards restoring positive family relationships and improves family functioning by clinically stabilizing the living arrangement, promoting reunification or preventing the utilization of out of home therapeutic venues. Services are time limited to 90-days, and initially more intensive (5 days a week possibly) to less intensive (2-3 days a week) by the conclusion of services. It is intensive work with the parent(s) and child(ren). DMHDDAD identifies 3 goals: to diffuse a current behavioral/mental health crisis, evaluating its nature and intervening to stem occurrence and reduce reoccurrence; Link families/ind. to community services and resources; Improve the individual child/adolescent's ability to self-recognize and self-manage behavioral health issues and improve the parents'/ primary caregiver's capacity to care for the child/ren. IFI services may be provided to birth families, foster families and adoptive families.
- *Payee:* Medicaid, state

ADOPTS: Therapy to Address the Distress Of Post Traumatic Stress

- *Description:* ADOPTS is for children aged 8-17 years old that have experienced multiple traumas and have a difficult time developing health attachments, relationships and behaviors. The program is designed to work with both parent(s) and child(ren) to assist child with healthy attachments and attunement to adoptive family, develop healthy expressions of emotions, understand effects of past trauma, and build personal strengths. Child must be in a pre or post-adoptive placement and children must remember trauma. Staff with complete assessment to determine eligibility (whether trauma to child is significant enough to assign Post Traumatic Stress Disorder diagnosis).
- *Payee:* Currently, as of 1/08, a grant funds the services. In the near future, payment will be supplemented by Medicaid and private insurance companies and fee for service/sliding scale.