LUTHERAN Community Services NORTHWEST

Health. Justice. Hope.

REFERRAL

Lutheran Community Services – Children's Intensive Services

FAX 509-783-2089 PHONE 509-783-2085

Name of Youth:			Date of Birth:		Age:
Address:			Gender:		Ethnicity:
City:	State:	Zip:	Preferred Language:		
Family Phone:			Program Requirement MEDICAID enrolled	Provider 1#:	
Person Making Referral:			Referral Contact Phone:		
List the Agency/Team Members who met with family and agree to referral:					
May we contact the family directly regarding this referral? If yes, please have ROI on page 2 signed by appropriate individual			YES ☐	NO ☐	
Program youth referred to:			**3 RW** ☐	**WISe** ☐	

Involved Parents/Guardians/Caregivers					
Name:			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:			Phone:		

Legal Guardians			
Name:	Address:		
Phone:	City:	State:	Zip:

Siblings		
Name	Age	Where do they live?

Strengths/Interests/Resources of Youth and Family

Current Needs/Concerns of Youth and Family

Legal Issues Regarding Youth

Education Status of Youth					
School:		Grade:		Attendance:	
Current IEP	YES ☐	NO ☐	Current 504	YES ☐	NO ☐
School Concerns:					

Diagnosis – including DSM V/ICD-10 codes	
Primary:	Secondary:
Tertiary:	Quaternary:
As diagnosed by:	

Medications			
Current Medication	**Reason**	**Prescriber**	**Compliance**
1.			
2.			
3.			
4.			
5.			

Past Services Received (FRS, FPS, Youth at Risk, Hospitalizations, etc.)

Out of Home Placements	
Description:	Date:
Description:	Date:
Description:	Date:

Additional Comments Regarding Youth and Family

I authorize the Release and Exchange of Information to CIS - Lutheran Community Services that is needed for the purpose of referral for the above named person.

ROI effective date:		Until (30 days if no date)	
Signature Parent/Guardian or Client if over 13		Date:	

This information has been disclosed to you from records the confidentiality of which may be protected by federal or state law. If the records are so protected, Federal Regulation (42CFR Part 2) prohibits you from making any further disclosure of this information, unless disclosure is expressly permitted by 42CFR Part 2, and pursuant to WA State RCW 70.02 and HIPAA.
A general authoriztion for the release of medical or other information is NOT sufficient for this purpose.The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.
This authorization may be revoked at any time by notifying CIS-LCS in writing, except to the extent that action has already been in reliance on it.