REQUEST FOR SERVICES/REFERRAL FORM

**Date:** Click or tap to enter a date.

Briefly describe the reason you are seeking services:Click or tap here to enter text.

**Are you seeking services for (check all that apply):**

[ ] Developmental Disability [ ] Mental Health [ ] Substance Use Disorder

**Behavioral Concerns (Please choose your 3 top concerns):**

**Behavioral Concern 1:** Choose an item.

**Behavioral Concern 2:** Choose an item.

**Behavioral Concern 3:** Choose an item.

**Drug/Alcohol Information:**

Tobacco: Choose an item. Alcohol: Choose an item. Other Drugs: Click or tap here to enter text.

**Personal Information**

**Name of Person seeking services:** Click or tap here to enter text.

**DOB:** Click or tap to enter a date. **Social Security #:** Click or tap here to enter text. **Age:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Contact phone:** Click or tap here to enter text. **Contact email:** Click or tap here to enter text.

**Best way to reach you:** Choose an item.

**Contacts**

**Do you have a guardian?** Choose an item. If yes, please complete below:

 Name: Click or tap here to enter text. Contact phone: Click or tap here to enter text.

**Are you under 18 years of age?** Choose an item. If yes, please complete 1 and 2 below:

1. Mother’s Name: Click or tap here to enter text. Contact phone: Click or tap here to enter text.
2. Father’s Name: Click or tap here to enter text. Contact phone: Click or tap here to enter text.

**Who could we contact in case we are having a hard time connecting with you?**

Name: Click or tap here to enter text. Relationship: Click or tap here to enter text. Phone: Click or tap here to enter text.

**Living Arrangements**

**Who do you live with?** (check all that apply)

[ ]  Self [ ]  Roommate [ ]  Significant other [ ]  Spouse [ ]  Children [ ]  Parents

[ ]  Siblings [ ]  Other: Click or tap here to enter text.

**Work/School:** (Check all that apply

[ ]  Working FT/PT [ ]  Not Working [ ]  Seeking Employment [ ]  Student: School/Grade \_\_\_\_

 [ ]  SSI [ ]  SSDI

**Providers**

Do you take medications? Choose an item. If yes, please complete 1 and 2 below:

1. Medication name: Click or tap here to enter text.
2. Who is the prescriber? Phone? Click or tap here to enter text.

Current Providers: Please list the name, clinic, and phone number for each provider.

Primary Doctor: Click or tap here to enter text.

Psychiatrist: Click or tap here to enter text.

Substance Use Counselor: Click or tap here to enter text.

Mental Health: Click or tap here to enter text.

Occupational Therapist/Physical Therapist/Speech Language Pathologist: Click or tap here to enter text.

Other: Click or tap here to enter text.

Please check any you are currently involved with:

[ ]  Social Services [ ]  Juvenile Justice [ ]  Child Protective Services [ ]  Adult Protective Services

 [ ]  Coordinated Services Team [ ]  Probation/Parole

**Insurance:** (check all that apply)

[ ]  MA [ ]  Insurance(Name): Click or tap here to enter text. [ ]  Medicare [ ]  Katie Beckett [ ]  None

**Signature**

I understand that by submitting this form I will be contacted to further discuss my request for services to see if my needs can be met by The Human Service Center. Further I understand that if staff are not able to reach me directly, they have my permission to contact the person listed above as my contact.

I further understand that participation in any of these services is voluntary and requires a commitment. It will require attending appointments, completing any assignments, and completing documentation that is part of the service programs.

**Signature:** Click or tap here to enter text.

**Referent**

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Does the referred person know a referral has been made? Choose an item.

Referral Source: Click or tap here to enter text. Click or tap to enter a date.

 Signature Date

**Referent**, if signatures are not possible, please attach documentation of a phone contact indicating the person being referred or their guardian/parent is/are aware of and in agreement with this referral. All referrals can be emailed to: referrals@thehumanservicecenter.org