



REFERRAL FORM

Incomplete forms will be returned.

Date of Referral: _____

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____

Insurance/Medicaid Number: _____

Reason for Referral:

Services Needed

Referring Person/Agency: _____

Address: _____



Phone Number: _____ Email Address: _____

REFERRAL INSTRUCTIONS

All referral forms are to be completed and emailed to communityconceptsnp2022@gmail.com. Referrals will not be accepted via fax, phone call, text, or in person. Incomplete referrals will not be accepted.

Referrals are preferred to be typed; however, handwritten referrals will be accepted. Handwritten referrals must be legible or will be returned. All handwritten referrals must be completed in black or blue ink.

Community Concepts will require a release of information prior to discussing any information for clients and/or families.

Each family member requires a separate referral form as the needs for each individual is different; therefore, their services/recommendations will be different.

Other agency involvement must be disclosed to Community Concepts with the agency name, case worker name, and contact information for the case worker (and the caseworker's supervisor) including but not limited to address, telephone number (office and cell), and email address.

Families and/or individuals must volunteer to cooperate with services from Community Concepts; otherwise, services will not be rendered and/or forced on families and/or individuals.

Scheduled appointments, home visits, and phone calls are mandatory. Failure to comply with scheduled appointments, home visits, and/or phone calls will result in termination of services. Home visits and phone calls are not required to be scheduled. Families/Individuals missing 3 consecutive appointments without appropriate/logical reasoning are subject to be terminated from services. Appropriate/logical reasoning is at the discretion of Community Concepts.

Each individual will be required to sign a release of information form for themselves and their children. Failure to comply will result in termination of services.

Each individual involved will be required to sign a confidentiality form for themselves and their children. Failure to comply will result in termination of services.

Each family will be required to comply/give permission for a SENECA search(s), family team meeting(s), and cooperate with creating genogram(s). DSS, DMH, and/or DJJ may NOT use the information gathered by Community Concepts in replacement of completing their own SENECA searches, family team meeting(s), and/or creating their own genogram.

Community Concepts will be notified of and invited to all meetings, visitation, and court dates for the individual/family.

Community Concepts will maintain contact with all individuals/agencies involved. Including but not limited to family members, mental health professionals, medical professionals, child protective service professionals, employers, educators, attorneys, guardian ad litem, judges, etc.

All employees of Community Concepts are considered mandated reporters and are required by law to report any concerns and/or allegations of child abuse and/or neglect including: physical abuse, physical neglect, educational neglect, and medical neglect, as well as any substantial risks of the prior listed.