Mental Health Skill-building Service Referral

Client Information (Please Print)

Name: ________________________________ Birth Date: ____________ (mm/dd/yyyy) Gender: M F

Contact Number: ____________________________ Social Security #: ______________________________

Address: ____

Medicaid #: ________________________________ Currently Receiving MHSS Services? YES NO

PCP Name/Number: ____

Eligibility Criteria / Must meet all of the following:

(1) The individual shall have one of the following as a primary Axis I DSM diagnosis: (a)Schizophrenia or other psychotic disorder as set out in the DSM OR (b) Major Depressive Disorder - Recurrent; Bipolar I; or Bipolar II OR (c) Any other Axis I mental health disorder (such as, but not limited to PTSD and anxiety disorders) that a physician has documented specific to the identified individual within the past.

(2) The individual shall require individualized training in acquiring basic living skills such as symptom management; adherence to psychiatric and medication treatment plans; development and appropriate use of social skills and personal support system; personal hygiene; food preparation; or money management.

(3) The individual shall have a prior history of any of the following: psychiatric hospitalization; residential crisis stabilization; Intensive Community Treatment (ICT) or Program of Assertive Community treatment (PACT) services; placement in a psychiatric residential treatment facility (RTC Level C); or Temporary Detention Order (TDO) evaluation as a result of decompensation related to serious mental illness. This criterion shall be met in order to be initially admitted to services, and not for subsequent authorizations of service.

(4) The individual shall have had a prescription for anti-psychotic, mood stabilizing, or anti-depressant medications within the 12 months prior to the assessment date.

Click the box next to all that apply:

	Difficulty with basic functioning		Advanced Functioning Skills		Cognitive functioning
	personal care		money management		learning new skills
	eating		employment		completing tasks
	dressing		attending medical appointments		read/write
	medication management		monitoring health		prioritizing activities

Social Functioning

difficulty maintaining close friendships, difficulty understanding social rules of conduct,
involved in social/recreational/religious activities

Clients can have a dual diagnosis (mental illness and mental retardation or mental illness and substance abuse disorder).

Referral Accepted by: *(Clinical approval)* ***Name:*** ______________________________

Referral Source (Contact Person)**:** ______________________________________

Phone: ______________________________________ **Date:** ________________