

**DEPARTMENT OF MENTAL HEALTH  
Northeast Area Office**

**Fax ( 978 ) 863-5091**

**REFERRAL FORM FOR  
ADULT DAY AND RESIDENTIAL SERVICES**

Client Name:

Date of Birth:

Address:

Date Referred:

Referred by: Case Management

Day service requested:

Residential service requested:

As part of the referral package, please include:

- 1) Psychosocial summaries, testing reports, discharge summaries, and consultations you are able to release.
- 2) A completed Mental Health Status Report (attached).
- 3) A recent physical exam record.
- 4) Determination of Need for Rehabilitative Residential Services Form completed by a licensed practitioner (as defined at bottom of last page). This is only necessary for residential referrals.

Please forward completed referral package to:

Lori Myles, LMHC

Child/Adolescent Program Manager

Department of Mental Health

Northeast Area Office

365 East St.

P.O. Box 387

Tewksbury, MA 01876-0387

Phone: ( 978 ) 863-5075

Fax ( 978 ) 863-5091

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Current Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Type of Guardianship: \_\_\_\_\_  
 Guardian's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Next of Kin: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Referred by: \_\_\_\_\_ Date of Referral: \_\_\_\_\_  
 Name of Agency: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Reason for Referral: \_\_\_\_\_

**I. Financial**

<u>Source of Income</u>	<u>Monthly Amount</u>
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<u>Insurance</u>	<u>Policy</u>
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Is client capable of managing own funds? \_\_\_\_\_ If no, explain:  
 Does he/she have a representative payee?  No  Yes (If yes, please provide details.)  
 Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_  
 Address: \_\_\_\_\_

Does the Client have any legal action pending? If so please explain and give name of persons involved (i.e. probation officer etc.):

## II. History

Please list significant family members and relevant problem areas. Please include any history of family mental illness, ETOH/drug abuse, sexual abuse, and/or physical violence:

Academic: (Indicate highest level of education received)

Employment: (Include any volunteer jobs and list most recent first.)

Employer Name/Type of Work:

Date Started:

Date Finished:

Reason for Leaving:

Employer Name/Type of Work:

Date Started:

Date Finished:

Reason for Leaving:

Employer Name/Type of Work:

Date Started:

Date Finished:

Reason for Leaving:

Employer Name/Type of Work:

Date Started:

Date Finished:

Reason for Leaving:

Social (Strengths and weaknesses):

Psychiatric (Please provide a description of when this person began experiencing difficulties and treatment that has occurred including first hospitalization etc.):

Previous hospitalizations (Begin with most recent):

Hospital:

Dates:

Precipitant:

Hospital:

Dates:

Precipitant:

Hospital:

Dates:

Precipitant:

Hospital:

Dates:

Precipitant:

Hospital:

Dates:

Precipitant:

**III. Previous Day/Residential Program Placements**

(Note type, dates/duration, reason for leaving)

Day Program:

Residential Program:

Please indicate whether the client is currently affected or whether the client has a history of the following: (c=current; h=history)

alcohol	anxiety	command hallucinations
confusion	delusions	depression
developmental disability	drugs	eating disorders
fire setting	hallucinations	history of arrest
impaired mobility	mania	mood lability
paranoia	physical assault	physical disability
psychosomatic	rape victim	seizures
complaints		
self abuse	sexual abuse	sexual acting out
sexual assault	suicide	theft
	attempts	
verbal aggressiveness	violence	

Additional explanations:

DSM IV Diagnosis

Signs of Decompensation

Axis I:

Axis II:

Axis IV:

Axis V:

Current medications and dosages:

Medication

Dosage

Current providers

Case Manager:

Psychiatrist:

Therapist:

Significant Other:

Other service providers (example: Massachusetts Rehabilitation Commission):

In your opinion, what are the specific problems or treatment goals to be addressed in a day/residential program?

Day:

Residential:

Please rate the client's functioning according to the following scale:

1 = Many deficits in this area. Needs significant training/supervision.

2 = Few deficits in this area, but would need training/supervision.

3 = No deficits. Independent in this area. Needs no special training/supervision.

4 = Unknown

- Ability to complete tasks without prompting -
- Ability to start tasks without prompting -
- Ability to use activity groups -
- Ability to use therapeutic groups -
- Ability to take medications without supervision -
- Banking -
- Bathing -
- Budgeting money -
- Cooking -
- Exercise -
- Getting up in the morning -
- Grocery shopping -
- Housecleaning -
- Laundering -
- Leisure activities -
- Making bed -
- Menu planning -
- Personal hygiene -
- Personal shopping -
- Punctuality -
- Reading -
- Shaving -
- Telephoning -
- Traffic safety -
- Using public transportation -
- Verbal skills -
- Writing skills -
- Other -

Please note if there are any other special considerations needed to make a meaningful decision (i.e. physical/medical restrictions, geographical preferences, etc.)

Signature:

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Title:

Date:

## **RESIDENTIAL SERVICE PROGRAMS**

**Supported Housing:** Provides tailored, individualized support services to consumers living in the community in apartments or homes and needing varied levels of assistance.

**Low Intensity Residence:** Provides on-call assistance, as well as scheduled staff visits according to consumer need. Consumers live at the same site in a moderately self-directed household. Staff is available 24 hours per day and is ready to intervene in a crisis.

**Moderate Intensity Residence:** Provides services for individuals, who require structure or verbal support to accomplish daily living skills, but do not require one-to-one attention to accomplish those tasks. Staff-to-resident ratio of 1:4 to 1:8 depending on training needs of residents. Varies by shift and day of week depending upon program design. Staff is present whenever residents are present and available overnight staff may be available depending on needs of residents.

**High Intensity:** Provides functional education to develop daily living skills such as bathing, cleaning, and cooking. Designed to provide intense level of staff to individuals needing substantial skill training and support in a structured environment. Staff-to-resident ratio of at least 1:4 during peak programming hours. Varies by shift and day of week depending upon program design. Overnight staff is available depending on self-preservation status of residents. Staff is present whenever residents are present.

## **DAY SERVICE PROGRAMS**

**Psychiatric Day Treatment:** Provides an active treatment environment for individuals in need of stabilization. Goal is to maximize an individual's level of functioning in the community and to prevent acute inpatient care. The service will primarily be used for persons recently discharged from the hospital or in immediate danger of re-hospitalization, and the typical length of stay is three to six months. Program components include individual and group therapy, milieu therapy, educational and socialization activities designed to enhance a client's self-esteem. Staffing consists of four qualified professionals for programs of more than twelve clients and direct care staff-to-client ratio of at least 1:4. Full and part-time schedules are available depending on individual needs.

**Skills Training Program:** An array of approaches to assist primary consumers to acquire vocational and educational skills. Each primary consumer will have a specific rehabilitation goal oriented plan with specific timelines directed toward education or work skills. Program components would include supported businesses, supported education, skills training classes, career planning classes, G.E.D. classes, individual tutoring, and vocational skills development. Full and part-time schedules are available depending on individual needs.

**Supportive Clubhouse:** Provides support services through comprehensive self-help clubhouse mode. Staff and members work as teams to perform the task necessary for the operation of the clubhouse and include a work ordered day program, active outreach, evening and weekend social program, transitional employment, and supported education. Full and part-time schedules are available depending on individual need.

**Supportive Employment:** Assists individuals to maintain existing positions and help unemployed or under-employed to secure gainful employment. Program components include: intake and assessment to determine employment interest and current skills, development of a work plan to meet employment goals as quickly as possible, supportive counseling, resume development, completion of employment applications, interview preparation, assistance in job placement, transportation options, job support group, and follow up contact as needed.

**Supportive Education:** Assists individuals to achieve higher educational goals that will help to secure various competitive working positions. Program components include: supportive counseling, assistance for G.E.D., basic computer skills, outreach to other educational programs, tutoring, transportation options, and follow up contact as needed.