

ADULT RESIDENTIAL LIVING REFERRAL FORM

Please Check Level of Care:

ARL (Proj. Transition) RTFA CRR/HOST HOME CRR

DEMOGRAPHICS

CLIENT NAME: _____ AGE: _____ DOB: _____

SOCIAL SECURITY #: _____

REFERRING FACILITY/AGENCY: _____ LEVEL OF CARE: _____
(Acute inpatient, BHRS, FBS, Family Court, OP, etc)

CURRENT PLACEMENT: _____

CONTACT PERSON: _____ TITLE: _____
(Hospital Social Worker, BHRS Case Manager, ICM, etc)

PHONE # & EMAIL: _____

LEGAL GUARDIAN: _____ RELATIONSHIP _____
(Biological parent, aunt, uncle, foster parent, etc)

PHONE#: _____

AGENCY INVOLVEMENT

DHS STATUS: _____
(Investigation, Supervision, Commit-Parent Retains Rights/Parental Rights Terminated)

DHS WORKER: _____ PHONE #: _____ FAX #: _____ NCD: _____

CUA WORKER: _____ PHONE #: _____ FAX #: _____ NCD: _____
(Include agency)

CHILD ADVOCATE ATTORNEY: _____ PHONE #: _____

CHILD ADVOCATE SOCIAL WORKER _____ PHONE #: _____

PROBATION STATUS: _____
(Adjudicated delinquent, Adjudicated deferred, etc)

PROBATION OFFICER: _____ PHONE #: _____ NCD: _____

CASE MANAGER & AGENCY: _____ PHONE #: _____

INTELLECTUAL DISABILITY: Y / N IQ: _____

STATUS OF IDS REGISTRATION (if applicable): _____

SUPPORTS COORDINATOR & AGENCY: _____

REFERRING CARE MANAGER: _____ EXT: _____ DATE: _____

Clinical Rationale

1. Briefly describe the clinical and adaptive skill development goals for requesting Adult Residential Living treatment (*please list concrete, measurable goals that would not be achieved without Adult Residential Living*):
2. What other levels of care have been utilized? Does the individual want to participate in Adult Residential Living?
3. Describe the care management plan to transition the individual out of adult residential living once treatment goals have been achieved (please list measurable criteria):
4. Given the Adult Residential Living focus on independence, are there any factors that may inhibit the individuals treatment success (IE. aggression, intellectual disability, substance use, etc.)? If so, please explain how those barriers are able to be addressed adequately in adult residential living?

This form, along with a Comprehensive Biopsychosocial Psychiatric Evaluation can be emailed securely to CBHCSS@phila.gov