

Trillium Referral for:

Project Transition

Email to: NCAdmissions@ProjectTransition.com

DEMOGRAPHICS

MEMBER NAME: _____ **SOCIAL SECURITY #:** _____

PREFERRED NAME: _____

ADDRESS: _____ **PHONE:** _____

AGE: _____ **DOB:** _____

CURRENT LIVING ARRANGEMENT: _____ **CONTACT:** _____ **PHONE:** _____

(family home; shelter; homeless, safe haven, group home, halfway house, etc.)

REFERRING PROVIDER

REFERRING FACILITY/AGENCY: _____ **LEVEL OF CARE:** _____

(Acute inpatient, Facility Based Crisis, OPT, Enhanced Services, Partial Hospitalization etc.)

SERVICES RECEIVING: _____

REFERRING AGENCY CONTACT: _____ **TITLE:** _____

PHONE # : _____ **EMAIL:** _____

FAX #: _____ (required)

***WHO TO CONTACT TO START ADMISSION:** _____ **PHONE:** _____

(member, referring agency; OPT; shelter placement, etc.)

OUTSIDE AGENCY INVOLVEMENT

CASE MANAGER: _____ **AGENCY:** _____ **PHONE #:** _____

DHHS WORKER: _____ **PHONE #:** _____ **FAX #:** _____

PROBATION/ PAROLE OFFICER: _____ **PHONE #:** _____ **NCD:** _____

Please submit the following documents listed below via encrypted email to NCAdmissions@ProjectTransition.com or securely email documents to your care manager.

Completed Adult Mental Health Residential Referral ***This Form***

Completed Clinical Documentation

- Must be signed by a licensed clinician and dated within the past 6 months
- [Psychiatrist/psychologists](#) name and credentials clearly printed
- Legible
- Clinical history, diagnosis, mental status exam and recommendation for Adult Mental Health Residential (Project Transition)

Clinical Rationale

1. Check domains most impacted by member's mental health challenges:

Living

Learning/Education

Working

Social

2. Check applicable history below:

Intellectual disability IQ: _____

Cognitive disorder

Traumatic brain injury

3. Check and briefly describe the member's needs in at least two of following areas:

Social skills (interpersonal skills, boundaries, self-esteem, social problem solving, following rules/obey laws, avoiding being victimized, elopement, challenging sexual behaviors):

Practical skills (personal care, laundry, occupational skills, medication management, managing healthcare, travel/transportation, schedules/routines, safety, budgeting, use phone):

Conceptual Skills (self-directed care, expressive language, processing and understanding concepts, following directions, emotional regulation):

4. Briefly describe any active/history of substance use:

5. Project Transition has a 24 hour coaching line but no live-in staff. Is the member able to live safely in an apartment community without 24 hour supervision? (Please consider if the member has basic safety awareness/self-preservation skills; any history of aggression towards others in the last 2 years). Please explain:
6. Briefly describe adaptive strengths used in previous living situations (i.e. can cook; groom self; clean; grocery shop; launder clothes; budget; make/keep appointments; work/volunteer/attended school; take medications as prescribed, etc.):
7. **Project Transition** treatment **requires attending all day group sessions and weekly individual therapy sessions** with various clinical staff and **following all program rules as expected**. Indicate if the member agrees to this level of structure and is motivated to contribute to his/her treatment process at Project Transition? Please circle - Yes/No: