CHDFS
CENTER FOR HUMAN DEVELOPMENT & FAMILY SERVICES INC.

307 West 38th Street, 6th floor NYC, NY, 10018 (212) 695-4564 Fax: (212) 695-4561 @www.chdfs.org

Children and Family Treatment and Support Services (CFTSS) Referral

All requests are to be emailed to CHDFS Referral at
NYCREFERRAL@CHDFS.ORG

Date	Referring Agency	Name of Referral Provider	Phone Number
Referral Provider NPI #	**Referral Provider License #**	**License Type**	**Foster Care Status**
			☐ In-Care ☐ Out-Of- Foster Care

Child's Name:			
Date of Birth: (MM/DD/YYYY)			
Age:		**Sex** (Male/Female)**:**	
Diagnosis Code:		**CIN#:**	
Date of Enrollment:		**MCO Subscriber ID:**	
Caregiver's Name:			
Home Address:			
Phone Number:			
School Address:			

SERVICE INFORMATION

For LPHA use only*

Service Requested	Day/Time for Services
Psychosocial Rehabilitation (PSR)	
☐ Individual ☐ Group	
Other Licensed Practitioner (OLP)	
☐ Individual ☐ Group	
• **OLP Licensed Evaluation**	
• **OLP Counseling Individual**	
• **OLP Crisis**	
• **OLP Crisis Triage**	
Community Psychiatric Treatment and Supports (CPST)	
☐ Individual ☐ Group	
• **Intensive Interventions**	

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• **Crisis Avoidance**	
• **Intermediate Term Crisis Management**	
• **Rehabilitative Psycho-education**	
• **Strengths-Based Service Planning**	
• **Rehabilitative Supports**	
Family Peer Support (FPS)	
☐ **Individual** ☐ **Group**	
Youth Peer Support (YPA)	
☐ **Individual** ☐ **Group**	

HEALTH HOME CARE MANAGER AGENCY INFORMATION

If Applicable

Health Home Care Manager Name:	
CM Email:	
CM Phone:	
CM Supervisor Name:	
CM Supervisor Email:	
CM Supervisor Phone:	

WORKER REQUIREMENTS

Language Preference:	
Worker Gender Preference:	
Is the family comfortable with more than one worker? (Yes/No/If-Need-Be)	
Additional Comments or Alerts	

PLEASE ATTACH THE FOLLOWING DOCUMENTS

Please be advise if these document are not attached we may not be able to process referral

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DOCUMENTS
☐ **Plan of Care**
☐ **Medical Necessity**
☐ **MCO Plan Card (Front and Back)**
☐ **Evaluations: Psychological**
☐ **Evaluations: CANS-NY assessment (if *available)***