



Certified Community Based Mental Health Agency

Referral Form

For School-based Mental Health & Life-Skills programming

<p><u>Behavioral Health</u></p> <ul style="list-style-type: none"> • Trauma Informed Care • Diagnostic Assessments, ISP's • Individualized Service Plans • Case Management • Individual Psychotherapy/ Counseling • Telehealth • Group Counseling • Family Therapy 	<p><u>Life-Skills Training</u></p> <ul style="list-style-type: none"> • SUCCESS Program Empowerment-Based Life-Skills Modules • Parent University • Personal Skill Development • Wholistic Services • Enhancement of Social Skills • Emotional Literacy • Problem Solving Skills 	<p><u>Prevention Services</u></p> <ul style="list-style-type: none"> • After School Programs • Bullying Prevention • Suicide Prevention • Teen Dating Violence • Peer Recovery Support • Supporting Resilience
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Child's Name: _____ Grade: _____

Presenting Problem: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Signature: _____



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