Referral Form

E-Mail: Services@KaibabAZ.com **Phone: 928-275-1339**

Services Requested for: _____

AHCCCS ID#_____

Health Plan: ☐ **Steward** ☐ **Care 1st** ☐ **CRS** ☐ **UHC** ☐ **Mercy Care**

ICD-10CM Primary Diagnosis: _____

CLIENT NEEDS	GOALS & OBJECTIVES	SERVICES REQUESTED
Kaibab's services are based in applied behavior analysis (ABA) which involve: 1. **Assessment**: review of records, interviews with caregivers, on-site observations in typical routines and settings, and direct work with the client. 2. **Recommendations:** skills to learn and/or behaviors to increase/decrease. 3. **Work with the person:** teach target skills and practice alternative ways to handle difficult situations. 4. **Work with parents or other caregivers:** assist with implementation of the plan after discharge from our services. 5. **Measure and Analyze progress:** assess if the plan is working or requires revision. ☐ CLIENT'S CHALLENGING BEHAVIORS: _____ _____ ☐ CLIENT'S IDENTIFIED STRESSORS (e.g., social situations, demands, being denied something preferred, etc): _____ _____ ☐ SETTINGS OF GREATEST CONCERN: _____ _____ ☐ ROUTINES OF GREATEST CONCERN: _____ _____ ☐ SKILLS FOR DAILY ACTIVITIES (e.g., personal care, getting along with others, school work, chores, community living, etc…): _____ ☐ FREQUENCY OF BEHAVIOR (e.g. __ times per hour/day/week/month): _____	☐ Prevent or decrease use of destructive, inappropriate, or ineffective behaviors when expressing anger or communicating needs ☐ Develop ability to achieve and maintain satisfying relationship or partnership. ☐ Develop ability to reduce intensity to better cope with daily stressors ☐ Develop ability to complete tasks and activities as independently as possible. ☐ Provide and maintain schedule and plan for consultation services for Positive Behavior Support. ☐ Teach and reinforce the following skills: _____ _____ ☐ Review Behavioral Data/Documents: _____ ☐ Other: _____	In order to accomplish the above successfully, Kaibab will most often use some of the following services: ☐ Conduct Assessment & Behavior Support/Intervention Plan ☐ Counseling ☐ Case Management to Participate in Team Meetings ☐ Skillstraining on techniques included in the ABA Program or Behavior Support/Intervention Plan ☐ Technical assistance to faculty/staff regarding specialized programs or individual student ☐ In-service and/or coaching to provider organization, school, or other groups regarding ABA or Positive Behavior Support services in general ☐ Parent Education Classes to parents seeking long term solutions for their child/teen **Services Begin Date:**_____ **Services End Date:**_____ **Service Frequency:** ☐ ____ **hour(s) equaling** ____ **units** ☐ ___ **to** ___ **times per month**

Kaibab
BEHAVIORAL SERVICES

Referral Form

E-Mail: Services@KaibabAZ.com **Phone: 928-275-1339**

Parent/Legal Guardian: _____ **Primary Phone:**_____

Address:_____ **City:**_____ **State:** _____ **Zip Code:**_____

Client Residence:_____ **City:**_____ **Home Phone:**_____

Tribal Affiliation (If Applicable):_____ **Date of Birth:**_____

Current Case Manager:_____ **Primary Phone:**_____

Case Manager E-mail: _____

Previously completed assessments: _____

Date new/revised behavior plan is due: ____/____/_____

Related Support Services:

- ☐ **Counseling**
- ☐ **Occupational Therapy**
- ☐ **Speech Therapy**
- ☐ **Other:**_____
- ☐ **Music Therapy**
- ☐ **Physical Therapy**
- ☐ **Vocational Training**
- ☐ **Other:**_____

**** PLEASE PROVIDE THE FOLLOWING DOCUMENTS WITH THIS FORM FOR EACH REFERRAL SOURCE****

****REFERRALS WILL BEGIN WHEN ALL OF THE DOCUMENTS HAVE BEEN RECIEIVED**

- ☐ **Core Assessment (If accessible)**
- ☐ **Third Party Liability (TPL) Information**
- ☐ **Health Services Plan with Kaibab Behavioral Services Listed**
- ☐ **Most Current Psychiatric Note**
- ☐ **Consents with Kaibab Behavioral Services**

My signature below indicates that I agree with the services requested above:

Client Signature	Date	Signature of Legally Responsible Party	Date
Referring Agency Representative Signature	Date	Supervisor Signature (If Applicable)	Date