

CARE Student Assistance Referral Form

Note: All information on this form may be shared with the student and/or parents and becomes part of his/her assessment records at the CARE Student Assistance Center.

Referral Date: _____

Student: _____ DOB: _____

School District: _____

Parents / Legal Guardians: _____

Screen for: (Check one) Mental Health Substance Abuse Both

Is this student working with a school social worker, counselor or psychologist? Yes No

If YES, provide the name, title and phone number of this person:

Name: _____ Title: _____ Phone: _____

Areas of Concern: In order to better serve the client, it is helpful for the CARE clinician to have as much information as possible about the reasons this student is being referred to the Student Assistance Center.

Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Absenteeism / tardiness | <input type="checkbox"/> Suspension / expulsion | <input type="checkbox"/> Disruption at school |
| <input type="checkbox"/> Change in behavior | <input type="checkbox"/> Suspected alcohol/drug use | <input type="checkbox"/> Known alcohol/drug use |
| <input type="checkbox"/> Decline in performance | <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Eating problems | <input type="checkbox"/> Attention Problems | <input type="checkbox"/> Teen Intervene Candidate |

Comments _____

Type of follow-up information requested:

(Check at least one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Confirmation of assessment | <input type="checkbox"/> Confirmation of assessment & admission to treatment | <input type="checkbox"/> Confirmation of assessment & bi-monthly follow up |
|---|--|--|

***All follow-up information will be released to the authorizing personnel named below.**

Referring/Authorizing Personnel:

Name: _____ Title: _____ Phone: _____

District: _____ School: _____

*Authorizing Personnel Signature: _____

(Required for Fee per Student School Partnership)

A 2-way release is attached to this form. Signing this release by the student will assure that all communication between the school district and the Student Assistance Center is in accordance with Federal regulations governing Confidentiality. The Parent Signature is acceptable if the child is under age 13.

Please fax this referral form along with a 2-way release form to the Student Assistance Center.



Fax: 586-541-2274

Appointments: 586-541-2273

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