

**Referral for Mental Health and/or Substance Abuse Services**

Referral Date: \_\_\_\_\_ MENTAL HEALTH [ ] SUBSTANCE ABUSE [ ]

Person being referred: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Is this person (s) aware of being referred to us? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Message Phone: \_\_\_\_\_ (Relationship) \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are they involved in DHHS Child Protective Services? \_\_\_\_\_ Who is their caseworker? \_\_\_\_\_

PAYOR SOURCE: [ ] MaineCare \_\_\_\_\_ Prior Authorization# \_\_\_\_\_

Non-Categorical \_\_\_\_\_ [ ] Insurance and/or Other \_\_\_\_\_

Called for prior authorization? Yes \_\_\_\_\_ No \_\_\_\_\_ Authorization # \_\_\_\_\_ Number of visits \_\_\_\_\_ authorized

Amount of deductible \_\_\_\_\_ [ ] Self Pay

Annual Income: \$ \_\_\_\_\_ or Monthly Income: \_\_\_\_\_ Family Size: \_\_\_\_\_

REFERRAL SOURCE: [ ] Self [ ] Parent/Conc. Person [ ] DHS [ ] DOC [ ] School [ ] Crisis [ ] MH Provider

[ ] Hospital [ ] Doctor's office [ ] YFS – Program: \_\_\_\_\_ [ ] Other: \_\_\_\_\_

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

PRESENTING PROBLEM: [ ] Individual [ ] Family [ ] Marital [ ] Couples [ ] DEEP

[ ] Evaluation (Substance Abuse) [ ] Aftercare [ ] Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have they been a client of Youth and Family Services, Inc. before? If so, when? \_\_\_\_\_ Previous name? \_\_\_\_\_

**PRIORITY POPULATION FOR SUBSTANCE ABUSE REFERRALS ONLY:**

[ ] Pregnant Injection Drug User [ ] Pregnant Substance Abuser [ ] Injection Drug User (within last 5 years)

[ ] Male/Female Substance Abuser [ ] All Others (Affected family members, ACOS's, Etc.)

Mail this form to: **Patricia Wing, Youth & Family Services, Inc., 5 Commerce Dr. Skowhegan, ME 04976**  
or FAX to 207-474-5148 or e-mail [patricia.wing@yfsinc.org](mailto:patricia.wing@yfsinc.org)

Office Use: Assigned \_\_\_\_\_ Appt. Sched. & Time \_\_\_\_\_