



Understanding People. Unleashing Potential.

**EXTERNAL REFERRAL FOR MENTAL HEALTH SKILL BUILDING**

DATE OF REFERRAL: \_\_\_\_\_ Medicaid Recipient:  YES  NO

CLIENT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

REASON FOR REFERRAL:

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DOES THE CLIENT MEET THE FOLLOWING CRITERIA?

- **Have a need for individualized training in acquiring basic living skills such as symptom management; adherence to psychiatric and medication treatment plans; development and appropriate use of social skills and personal support system; personal hygiene; food preparation; or money management.**  YES  NO
- **Have a qualifying mental health diagnosis (psychotic disorder, major depressive disorder – recurrent, or bipolar disorder I or II).**  YES  NO

**\*If an individual has another disorder, it will qualify if a physician determines:**

- **it is a serious mental illness**
- **it results in severe and recurrent disability that produces functional limitations in major life activities, and**
- **the individual requires individualized training in order to achieve or maintain independent living in the community**

- **Have a prior history of qualifying mental health treatment.**  YES  NO

**\* A qualifying mental health treatment is considered at least one of the following:**

- **Psychiatric hospitalization**
- **Residential treatment**
- **Residential crisis stabilization**
- **PACT or ICT services**
- **RTC-Level C placement**
- **A TDO evaluation due to mental health decompensation**

REFERRAL SOURCE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**Email form to Jen Pope: [Jennifer.Pope@thupcenter.org](mailto:Jennifer.Pope@thupcenter.org) or call 757-337-3557 with any questions.**