Rice Counseling and Associates, Inc.
Referral Form (MHSS)

Date of Referral: _____

Client Name:_____ Race:_____

Gender:_____ Marital Status:_____ Date of Birth:_____

Address: _____
Street City Zip Code

Home Phone: ( ) _____ Work Phone: ( )_____

Cell Phone: ( )_____

Legal Guardian/Power of Attorney (if applicable):_____

Home Phone: ( ) _____ Work Phone: ( )_____

Cell Phone: ( )_____

Medicaid Number:_____ Social Security #:_____

The Client must meet at least two of the following on a continuing or intermittent basis:

- ☐ Difficulty establishing or maintaining normal interpersonal relationships to such a degree that the client is at risk of hospitalization or homelessness because of conflicts with family or the community.
- ☐ Requires help in basic living skills such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is jeopardized.
- ☐ The client exhibits such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary.
- ☐ The client exhibits difficulty in cognitive ability such that the client is unable to recognize personal danger or to recognize significantly inappropriate social behaviors.

Additional Explanation: _____
_____
_____

The client demonstrates functional impairments in the following major life activities due to mental, behavioral, or emotional illness. Please specify areas of impairment, check all that apply:

- ☐ Health, safety, medication management
- ☐ ADL's (activities of daily living): cooking, hygiene, cleaning, budgeting, etc.
- ☐ Use of community resources: benefits, housing, transportation, grocery shopping, etc.

Please check all that apply:

- ☐ depression
- ☐ domestic violence
- ☐ substance abuse/alcohol use
- ☐ accessing medical/dental care
- ☐ hygiene
- ☐ money management
- ☐ anger/aggression
- ☐ parenting
- ☐ custody issues
- ☐ custody issues
- ☐ transition skills
- ☐ Independent Living Skills

Referral Source/Agency:_____Worker:_____

Address:_____
Street City Zip Code

Business Phone: ( )_____ Cell Phone: ( )_____
Email address:_____