Highland Rivers Health Home Again Program Screening Referral and Consent for Services

Referring source Name:	Phone:
School:	Grade:
Date of last RTI:	Date of last SST:
Student IEP: Y or N	
Home Again Staff Only- Date Received:	

Referral Information

Date: _____ Student name: _____
Parent(s)/Guardian(s) name: _____ Language Spoken at home: _____
Address: _____ City/Zip:_____
Phone (Circle Preferred number): (home) _____(cell) _____ (work) _____
Reason for referral (describe behavior or situation causing concern):

Parents Email:_
Is the child/youth currently receiving counseling or therapy services? Yes / No If Yes, please provide the service providers contact information: _

Behavioral Health Insurance Provider:

- o Medicaid (select one type below)APS Healthcare
- o Peachstate (Cenpatico)
- o Wellcare (Magellan)
- o Amerigroup
- o Peachcare
- o Uninsured/Family will self pay for services
- o Private Insurance *(specify)*:_

Parental Consent to Release Referral Information to Highland Rivers Health Staff:
I authorize _____ to release and obtain information regarding my child_____, DOB_/_/_, who attends_____ School and is in the ___ grade, to Highland Rivers Health Staff.

I understand that a representative from Highland Rivers Health (Home Again Staff/Behavioral Health Screener) will be given my contact information. I have also signed a release of information form. I understand that Home Again staff from Highland Rivers Health may meet with my child at school to complete a private and confidential behavioral health screening of my child. The purpose of the screening is to help determine what behavioral health needs your youth may have, and then to link your family to resources within the community that may help in meeting your needs.

I give permission for my youth to be screened for behavioral health needs by Highland Rivers Health Home Again/Behavioral Health Screener.

Home Again operates collaboratively, but independently from _____ and maintains records associated with student screenings separate, in part and in whole, from youth records. Results obtained from Home Again screenings will be kept confidential except for those with a need to know.

_____ _____ _____
Printed name of parent/guardian Signature of parent/guardian Date

DO NOT COPY OR PLACE FORM IN STUDENT RECORD