**Please fill out in detail and return it to clinical@kencrest.org Referral Date:**

**Specialty Requested**

| **Behavior Supports** [ ]  | **Sexuality Supports & Education** [ ]  | **Communication Specialist** [ ]  | **Speech-Language Pathology** [ ]  |
| --- | --- | --- | --- |
| **Occupational Therapy** [ ]  | **Music Therapy** [ ]  | **Physical Therapy** [ ]  | **Assistive Technology** [ ]  |
| **Location of Services**  |
| **Family Home** [ ]  | **Residential Home** [ ]  | **Work/Community** [ ]  | **Other (please specify):** |
| **Service provision style preferred**  |  **In-Person** [ ]  | **Remote** [ ]  | **Hybrid** [ ]  |
| **Availability (typically)for sessions (Ex: 8am-12pm MWF only; M-F after 4pm)** |  |

**Individual Referred**

| **Name**  | **DOB** | **Street Address**  | **Zip + 4** |
| --- | --- | --- | --- |
|  |  |  |  |
| **Contact Person/Title/Relationship**  | **Phone** | **Email** |
|  |  |  |

**Residential Provider**

| **Agency** | **Address** | **Contact Person/Title** | **Email** | **Phone** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**Day Program Provider/Employment/Community Participation Supports**

| **Program** | **Address** | **Contact Person/Title** | **Email** | **Phone** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**County Supports Coordination**

| **Agency** | **Address** | **Supports Coordinator** | **Email** | **Phone** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**Benefit Assignments**

| **Payer/Plan (HCSIS/Waiver info)** | **Policy/ MA#** | **Coverage Start Date** |
| --- | --- | --- |
|  |  |  |

**Diagnoses**

| **Diagnosis** ICD-10 | **Current Medications** |
| --- | --- |
|  |  |

**Reason for Referral** The reason for referral section is important because it tells us not only the behaviors that are being SEEN but also…why folks are reaching out now. Include notes about the energetic match of client and staff…who does this person feel safe with and warm up to….? Why? – This information aids us in finding the best fit for this individual/team.

|  |
| --- |
|  |

Rev 2/2024