



SafeCare Referral Form



Big Sky Therapeutic Services, PLLC

Date: _____

Child's Name: _____ DOB: ____/____/____ SSN: ____ - ____ - ____
(Last) (First) (MI)

Address: _____ Home #: (____) ____ - ____ Gender: M F

County of Residence: _____

Ethnicity: (please check all that apply)

- White
- Black or African American
- Alaskan Native
- Asian
- American Indian
- Native Hawaiian or Other Pacific Islander
- Unknown
- Other: _____

Parent/Legal Guardian: _____ Relationship: _____ Cell #: (____) ____ - ____
(Print Name)

Referred by: _____ Phone #: (____) ____ - ____ Date: ____/____/____
(Print Name)

Reason for Referral: _____

Were parents/legal guardians notified of referral? Yes No If no, explain why: _____

If non-voluntary, please list DPHHS caseworker: _____ Phone #: (____) ____ - ____
(Print Name)

Eligibility requirements: (please check all that apply)

- Low income
- Users of tobacco products in the home
- History of child abuse/neglect or interactions with child welfare
- Pregnant women under 21 years
- History of substance abuse or need substance abuse treatment
- Low student achievement
- Families that include current or former members of the armed forces
- Child with developmental delays or disabilities

Please list the following categories in rank of priority: (1= complete first, 3=complete last)

Parent-Child/Infant Interaction _____ Saftey _____ Health _____

Parent/Legal Guardian : _____ Date: ____/____/____
(Signature)

Cohort A Cohort B

Referral #: _____

Self-Pay Medicaid

For Office Use Only

MECHV Index #: _____

Identified Child's Name: _____
(Last) (First) (MI)

DOB: ____ / ____ / ____

Parent/Legal Guardian: _____
(Last) (First)

Phone #: () - _____

DOB: ____ / ____ / ____ Marital Status: _____ Primary Language: _____

Daycare Provider: _____

Phone #: () - _____

Children's Case Manager: _____
(Last) (First)

Phone #: () - _____

Confidential Releases To:	Relationship	Address	Phone Number	Date Acquired

Other services currently involved with

- Maternal Early Childhood Sustained Home Visiting Program (MESCH)
- Parents as Teachers (PAT)
- Early Intervention Program for Adolescent Mothers
- Play and Learning Strategies (PALS) Infant
- Healthy Steps
- Nurse Family Partnership (NFP)
- Early Head Start
- Other: _____

SafeCare worker: _____ Date: ____ / ____ / ____