

Phone #774-455-4127

Referrals may be emailed to CTTCreferral@umassmed.edu

or faxed to #508-721-7038

**LINK-KID REFERRAL FORM**

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| --- |
| Date of Referral:        |
| Name:       | Date of Birth:        | Age:       |
| Gender:   | Primary Language:   | Legal Custody Status:  |
| Race/Ethnicity:       | LGBTQ [ ]  Yes [ ]  No  | Youth’s Phone # (if 18 or older):        |
| Address:        | Youth’s email address (if18 or older):       |
| City:       | State:       | Zip Code:       | Current Living Status:  |
| **Primary Caregiver #1 name**:       | **Primary Caregiver #2 name**:       |
| Address: [ ]  Same [ ]  Other:       | Address: [ ]  Same [ ]  Other:       |
| Telephone: [ ]  Same [ ] Other:        | Telephone: [ ]  Same [ ] Other:       |
| Primary Language:  | Primary Language:  |
| Email Address:       | Email Address:       |
| **Referral Source Name:**       | **Referral Source Cell Phone:**       |
| **Referral Source Email Address:**       | **Referral Source Relationship to Youth:**       |
| **DCF Involvement:**  [ ]  Yes [ ]  No [ ]  Custody  | **Foster Parent Name**:       |
| **Social Worker Name:**       | Address: [ ]  Same [ ]  Other:       |
| E-mail Address:       | Telephone: [ ]  Same [ ] Other:        |
| Telephone: [ ]  Same [ ] Other:       | Primary Language:  |
| **State Agency Involvement (check all that apply):**  [ ]  DCF [ ]  DDS [ ]  DMH [ ]  DYS [ ]  Probation Department [ ]  N/A |
| **Primary** **Insurance Company:**       | **Policy #:**       |
| **Name of Insurance Carrier:**       | **DOB of Insurance Carrier:**       |
| **Secondary Insurance Company:**       | **Policy #:**       |
| **Name of Insurance Carrier:**       | **DOB of Insurance Carrier:**       |
| **Primary Care Physician:**       | **Telephone:**       |
| Other Providers Involved:       | Telephone:       |
| Is the family involved with the court system? [ ]  No [ ]  Yes If yes, please describe:  |
| Name of School:     Grade:       |
| Developmental Delay/Intellectual Disability:      |
| Mental Health/Axis I Diagnosis:       |
| EBT Referred For:       |  Service Type: [ ]  Outpatient [ ]  In-Home Therapy  |
| Appointment Preference: (more flexibility gives greater access and shorter wait times)      |  [ ]  Mornings [ ]  Afternoons [ ]  Evenings   |
| Service Setting: [ ]  In Person Only [ ]  Telehealth [ ]  Hybrid-In Person and Telehealth  |
| Does family have access to transportation for treatment? [ ]  Yes [ ]  No  |
| Other possible barriers to treatment:       |

**History of Trauma and Behaviors Related to the Trauma:**

**Trauma Screen: History (Check all that apply)**

**[ ]** Physical Abuse [ ] Sexual Abuse [ ] Engaged in Prostitution [ ] Victim of Commercial Sexual Exploitation (CSEC)

[ ] Emotional Abuse [ ] School Violence/Bullying [ ] Domestic Violence [ ] Violence in neighborhood

[ ] War/Terrorism/Immigration [ ] Natural Disaster [ ] Lost Loved-one due to death, divorce, or abandonment

[ ] Parent Incarcerated [ ] Separated from parents/caregivers [ ] Parental Substance Abuse

[ ] Parent history of trauma [ ] Parent Mental Illness [ ] Frequent Moves [ ] Homelessness [ ] Neglect

[ ] Systems-Induced Trauma (i.e. Removal multiple placements)

[ ] Been in a severe accident or have/had severe illness [ ] Been kidnapped [ ] Parent Deployed

[ ] Traumatic grief (e.g., great difficulty moving through stages of grief)

[ ] Other (please explain):

**Current Reactions/Behaviors/Functioning Related to the Trauma (Check all that apply)**

[ ] Oppositional Behaviors [ ] Depression [ ] Self-Harm [ ]  Dissociation [ ] Impulsivity

[ ] Attention/concentration [ ] Conduct Problems [ ] Anxiety [ ] Anger Problems [ ] Regression

[ ] Somatization/Physical [ ] Prob/w Emotional Reg [ ] Attach/relationship [ ] Suicidal Ideations

[ ] Homicidal Ideations [ ] Audio Hallucinations [ ] Sleep Difficulties [ ] Sexualized Behaviors

[ ] Animal Cruelty [ ] Visual Hallucinations [ ] Other (please explain):

**Current Posttraumatic Stress Reactions Related to the Trauma (Check all that apply)**

[ ] Re-experiencing (nightmares, flashbacks or intrusive thoughts)

[ ]  Avoidance (not want to talk about the trauma, avoiding trauma reminders)

[ ]  Numbing (lack of emotion, social withdrawal)

[ ]  Hyperarousal (exaggerated startle response(s), hyper-vigilance, being “on edge”)

**\*\* Please note, we are not able to process incomplete referrals\*\***