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**Canvas Health Early Childhood Mental Health Programs (Ages 0-5)**

**General Referral Form**

**Please fax this form and any other beneficial information to: Early Childhood Mental**

**Health Services and Behavior Assistance Program at (651) 251-5204**

**Please call (651) 251-5191 for more information**

Today’s Date Click here to enter a date.

Referral Source Name and Agency Click here to enter text.

PhoneClick here to enter text. FaxClick here to enter text. EmailClick here to enter text.

Are you remaining involved and interested in collaborating regarding this specific child?

Yes[ ]  No [ ]  (If yes, please include a signed Release of Information Form)

Child’s Name DOBClick here to enter a date.

GenderChoose an item. RaceChoose an item. EthnicityChoose an item.

LanguageClick here to enter text. School District Click here to enter text.

Parent Name(s)Click here to enter text.

Address --House # Click here to enter text. StreetClick here to enter text. Apt#Click here to enter text.

CityClick here to enter text. StateChoose an item. Zip CodeClick here to enter text.

Phone Number Click here to enter text.Who’s # Click here to enter text.EmailClick here to enter text.

Phone NumberClick here to enter text.Who’s #Click here to enter text.Email:Click here to enter text.

**Insurance Information**

Insurance Company NameClick here to enter text.ID#Click here to enter text.Group#Click here to enter text.

Policy Holder’s NameClick here to enter text.DOBClick here to enter a date.

**Please check the service(s) you requesting at this time**

 [ ] General ECBA Short-term Behavioral Consultation (no charge)

[ ] Outreach visit with family to determine appropriate services (no charge)

 [ ] Diagnostic Assessment/ Mental Health Evaluation (billed through insurance)

 [ ] Outpatient play therapy or parent/child psychotherapy (billed through insurance)

**Reason for Referral/Issues of Concern:**

Click here to enter text.

**Family and Child - Medical & Mental Health History/Services:**

Click here to enter text.

*For Office Use Only:*

Diagnostic Assessment Scheduled for:Click here to enter text.

**DHS Grant Allocation Information:**

[ ] Client is not eligible for the Grant

[ ] Client has Primary Insurance and is entered as Rank 1 insurance in Profiler. They do NOT need grant subsidy for copay or deductible, so ECBA ANCILLARY becomes Rank 2

[ ] Client has Primary Insurance and is entered as Rank 1 in Profiler. They DO need subsidy for copay/deductibles/ancillary services. ECBA GRANT is entered as Rank 2 and will cover copay, deductible and ancillary services.

[ ] Client is uninsured. ECBA GRANT is entered as Rank 1