

Children's Mental Health Case Management Referral Form

Please attach the required Diagnostic/Psychiatric/Psychological Assessment that is dated within the last 6 months to this referral form.

Fax to 651/251-5204 or email to lswenson@canvashealth.org

Referral Date: _____

Referent's Information			
Name	Agency	Phone	Fax
Email Address			

Child Information		
Name	Preferred Name	Preferred Pronouns
Gender	Race	Ethnicity
DOB	Current Residence	

Have you discussed this referral with the child? Yes No

Parent/Guardian Information				
Name	Relation to Child	Phone	Address	Email

Have you discussed this referral with the child's parent/guardian? Yes No

Interpreter needed? Yes No Language _____

Insurance Information			
Insurance Company	ID Number	Group Number	Policy Holder
			Policy Holder DOB

Educational Information			
School Name	District	Grade	School Contact Person

Does this child have an Individual Education Plan? Yes No

<i>Current Providers</i>	<i>Name/Agency</i>	<i>Phone</i>	<i>Email/Fax</i>
Individual Therapist			
Family Therapist			
Psychiatrist			
Skills Worker			
Day Treatment			
Probation Officer			
County Worker			
Other			

Current Medications:

Describe and outline history of community based care:

Describe child's symptoms of mental illness:

Please state need for Children's Mental Health Case Management Services: (Gaps in service delivery system, where and why case coordination may be needed, what you see as advocacy needs, barriers to accessing needed services and other relevant information.)

Severe Emotional Disturbance Criteria

A child must meet criteria of a Severe Emotional Disturbance to eligible for
Children's Mental Health Case Management Services

This form needs to be completed by a Mental Health Professional

Child's Name: _____

Date of Severe Emotional Disturbance Determination: _____

Emotional Disturbance

To meet criteria for an emotional disturbance the child must have an emotional disturbance, which satisfied both number 1 and 2.

This child has an organic or clinically significant disorder which:

1. Is listed in the DSM-V and was given by a mental health professional.
 Yes No
2. Seriously limits the child's capacity to function in aspects of daily living. Fill in the box corresponding to the letter that best describes the child's current functioning.
 - Moderate degree of interference in functioning in most social areas or severe impairment in one area.
 - Major impairment in several areas and unable to function in one of these areas.
 - Unable to function in all areas.
 - Needs considerable supervision.
 - Needs constant supervision.

Severe Emotional Disturbance

To meet criteria for severe emotional disturbance, the child must meet both criteria above and one of the following:

- The child has been admitted within the last three years or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance
- The child is a Minnesota resident and is receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact.
- The child has one of the following as determined by a mental health professional:
 - Psychosis or a Clinical Depression
 - Is at risk of harming self or others as a result of an emotional disturbance
 - Psychopathological symptoms as a result of being a victim of physical or sexual abuse or of psychic trauma within the past year.
 - The child, as a result of an emotional disturbance, has significantly impaired home, school, or community functioning that has lasted at least one year or that, in the written opinion of a mental health professional, presents substantial risk of lasting at least one year.

Determination Completed By:

Signature

Clinical Supervisor (if applicable)

- LICSW
- LP
- LMFT
- MD
- RN (with mental health license)