Benton County Behavioral Health—Intensive Care Coordination Referral

Fax to 541-766-6186

Client Information:

Legal Name: Goes By: Date of Referral:

Address: City: Phone #: Msg Ok? ☐YES ☐NO

Date of Birth: Age: Gender: Pronouns:

School: Grade:

Insurance Info:

☐Oregon Health Plan (*ID #*:) ☐No Current Insurance

☐Private Ins. (*Provider:* *Group:* *ID:*)

Guardian Information:

Guardian 1 (Primary Contact): Relationship: Lives w/ Client? ☐YES ☐NO

Cell Phone: Msg Ok? ☐YES ☐NO Alt. Phone: Msg Ok? ☐YES ☐NO

Guardian 2: Relationship: Lives w/ Client? ☐YES ☐NO

Cell Phone #: Msg Ok? ☐YES ☐NO Alt. Phone: Msg Ok? ☐YES ☐NO

Other household members:

Referral Information:

Individual Referring: Relationship: Phone:

What is the qualifying reason for seeking Intensive Care Coordination services?

☐ Multiple agencies/systems involved ☐ Child Welfare Involvement ☐ Juvenile Justice Dept. Involvement

☐ At Risk for Hospitalization ☐ Out of Home Placement ☐ Recent ED Visits and/or Hospitalizations

☐ Other: _____

What services are currently being provided?

☐ Outpatient Therapy ☐ Family Therapy ☐ Skills Training ☐ Alcohol and Other Drug Treatment

☐ Other: _____

List current provider(s):

Name: _____ Agency: _____ Phone: _____

Name: _____ Agency: _____ Phone: _____

Reason for Referral (please include strengths, needs, safety concerns, what services are in place, and how ICC can help):

The following items have been completed prior to referral being submitted:

☐ The client and guardian(s) have been informed of this referral and have consented to receiving Intensive Care Coordination services through Benton County.

☐ A release of information (ROI) has been signed allowing Benton County Behavioral Health Services to make contact regarding services for above child. (Attach completed ROI to this referral.)

☐ Guardianship paperwork has been obtained and is attached to this referral (when applicable).

☐ Fax completed referral to the Children's MH Program Manager at 541-766-6186 **or** send by mail to: 530 NW 27th St. Corvallis, OR 97330.