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 Lynchburg, VA 24502
 P: (434) 239-0009
 F: (434) 239-0181



150 W. Main Street
 Danville, VA 24541
 P: (434) 791-2144
 F: (434) 792-0259

Intensive In-Home Referral

Client Name:						Date of Referral:				Gender:	
Age:		DOB:		SSN:		Race:		Medicaid #:			
Current Residence:											
Home Phone:					School:					Grade:	
Parent/Guardian:							Relationship to client:				
Phone Number:							Alternative Phone:				
Parent Address (if different from above):											
Referring Agency (include full address):						Worker/Title:					
						Phone:					
						Email:					
Reason for Referral:											
Goals outlined by referring agency:											
Priority:	Emergency		High:		Average:		Low:				
		Yes	No	Don't know	Comment:						
IS client at risk of removal from the home?											
Has client been seen in outpatient counseling?											
Has client been in any mental health treatment in the last 6 months?											
(For general practitioners, psychiatrists, psychologists, LPC's and LCSW's): According to my evaluation I certify that client is in need of intensive in-home therapy and recommend out of home placement unless there is a change in behavior and/or mental health condition.											
Signature:					Title:					Date:	
Signature of referring worker:							Date:				