Franklin/Fulton Mental Health
Child & Adolescent Service System Program
CASSP Referral Form

Kimberly Lucas, CASSP Coordinator
425 Franklin Farm Lane, Chambersburg, PA 17202
phone: 717-709-2307 fax: 717 263-0469

CASSP Involvement: CASSP is a voluntary process, so parents must be contacted about your referral and be in agreement with it. Second, before completing the referral, please call me so we can discuss the expectations of a CASSP meeting. Sometimes, we can resolve a need or an issue without a meeting, depending on the situation. Likewise, the referral may not be appropriate for CASSP, or I may already have a current referral/open case for the child.

Child's Information

name: _____ MA id #: _____

date of birth: _____ age: _____ sex: _____ race: _____

Insurance: Perform Care? yes / no Private medical insurance? yes / no

Where is child currently residing: _____

Parent's Information

Mother's name: _____ cell phone: _____

address: _____ home phone:_____

town: _____zip: _____ work phone:_____

email:_____ best way to contact? _____

Please explain the mother's level of involvement with the child:

Father's name: _____ cell phone:_____

address: _____ home phone:_____

town: _____zip: _____ work phone:_____

email:_____ best way to contact? _____

Please explain the father's level of involvement with the child:

List the significant individuals in the child's life and others residing in the household:

name	relationship	age	does this person reside in the home with the child?

Please list the strengths and interests of the child and family:

What is the reason for this CASSP Referral:

What is your desired outcome of CASSP involvement?

Describe the current situation and challenges/behaviors of the child at home, at school, etc. Please be specific. (use back or additional page if needed)

School information

school: _____ contact person: _____

role:_____ phone: _____ email: _____

grade: _____ teacher: _____ what is the child's IQ: _____

What type of classroom/education setting is the child in? _____
(example: regular ed., ES, LS, etc.)

List any other school services that are involved (example: speech therapy, personal assistant, PT, OT, etc.)

List the current home/community services and agencies involved with the child and family:

service/agency	contact person

Please indicate past services, significant background information, previous treatment that was provided to the child and family and any other information about the child and family that would be helpful.

Scheduling the CASSP Meeting: It is difficult at times to schedule a meeting that includes everyone, depending on the number of people involved, schedules of the family, professionals involved, travel time, school availability, etc. Therefore, please indicate your suggestions/preferences on when we should or could meet: (For instance, if parents work all day, we may need an evening appointment or if there is a meeting already scheduled, perhaps we could combine meetings.)

Name of Person completing this form:_____ agency: _____

Contact person for the child at your agency (if different than above): _____ role: _____

address: _____

phone: _____ email: _____ best way to contact: _____

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additional notes or information

Please also include:

_____a recent evaluation and/or treatment plan

_____ High Profile sheet

And be sure you have a Release of Information in order to give me all of this information.

If you have any questions, contact me.

Please send all documents via mail or fax ordeliver in person to

Kim Lucas, CASSP Coordinator
425 Franklin Farm Lane, Chambersburg, PA 17202
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phone: 717.709-2307
fax: 717.263.0469

Please do not email the referral as it is private health information and email is not secure.

Franklin/Fulton County CASSP

Consent to Release Confidential Information

I hereby authorize Franklin/Fulton CASSP and the following organizations as marked to release information to and receive information from:

❑ Franklin County Children & Youth	❑ School District:
❑ Fulton County Children & Youth	❑ School District:
❑ Franklin County Juvenile Probation	❑ Intermediate Unit:
❑ Fulton County Juvenile Probation	❑ Guardian Ad Litem:
❑ Franklin/Fulton Mental Health/Intellectual Disabilities	***Please list all others below:***
❑ Franklin/Fulton Drug & Alcohol Program	❑
❑ Franklin/Fulton Early Intervention	❑
❑ Tuscarora Managed Care Alliance -TMCA	❑
❑ Perform Care	❑
❑ SAM – Service Access & Management	❑

from the record of _____

Name Birthdate

_____

Address Zip

The following information will be exchanged for the purpose of referral/case coordination (select all that apply):

❑ Psychiatric / Psychological reports	❑ Vocational skills assessment
❑ Teacher observations / School records	❑ Social History / Family Information
❑ Progress Reports	❑ Attendance Data
❑ Medical Reports	❑ Report Cards
❑ Neurological Reports	❑ Admission / Discharge Reports
❑ IQ test scores, aptitude and achievement tests	❑ Behavior Reports
❑ CASSP referral and summary	❑

This release is valid for 12 months from the date of signature and may be revoked by notifying the Franklin/Fulton CASSP Coordinator in writing or witnessed verbally. ***I understand that treatment, payment, enrollment or eligibility for benefits and services is not subject to signing this release. However, I choose to sign this release voluntarily to receive CASSP coordination services. I have read this form carefully and understand what it means.***

_____

Signature of Minor (age 14 and above) Date

_____

Signature of Parent or Guardian (Relationship) Date

_____

Signature of Witness Date

_____

*** *Signature of Witness* *Date*

Verbal release of information *(*** *requires signature from two witnesses): This section is to be used for consumers who are unable to provide a signature. We have witnessed that the consumer understands the nature of this release and has freely given his/her consent.*

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In accordance with Pennsylvania Regulations: "This information has been disclosed to you from records whose confidentiality is protected by State Law. State regulations limit your right to make any further disclosure of this information without the prior written consent of the person to whom it pertains."

4/2/2014