

Referral Date Received by CSUSA _____

ATTENTION: INTAKE STAFF

CHRISTIAN HOME ASSOCIATION- CHILDREN'S SQUARE USA
COUNSELING SERVICES



REFERRAL FOR SERVICES:

Referral Source: _____ Referral Name: _____

Referral Contact Info: _____

How did you hear about us? _____

Client Name: _____

DOB: _____ Age: _____ Medicaid #: _____

Legal Status (Check one): Adjudicated CINA Voluntary Delinquent Pending Charges

Reason for Referral:

Parent/Legal Guardian Names & Contact Info:

Current Foster or Shelter Placement? _____

Current or Recent Services received & Providers:

Outpatient Therapy: _____

BHIS: _____

IHH: _____

DHS: _____

JCO: _____

Recent Hospitalizations or high level treatment programs (partial, residential, etc.):

Service(s) being requested: Initial BHIS assessment BHIS reauthorization assessment

Outpatient Therapy Outpatient & BHIS

Send Referrals to Children's Square Fax Number at 712-325-8200 or call our Referral line at 712-322-3700.