



# River Valley Counseling Center

## A-CRA Program Referral Form

Date of referral: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_ Gender: \_\_\_\_\_

NAME of Youth/Client: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Youth/Client Phone: \_\_\_\_\_ Parent/Caregiver Phone: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Referred by: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Custody Status: \_\_\_\_\_ *If applicable* DCF Worker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of School Youth Attends: \_\_\_\_\_

### Insurance Information

MMIS Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### Reason for Referral:

A-CRA is brief, intensive, evidenced based treatment for 12-24 year olds to support recovery from substance use. A-CRA is a minimum of 10-14 sessions which includes 1-4 sessions with Parent/Caregiver.

Alcohol and/or Drug Use (illicit or prescribed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Symptoms being demonstrated (anxiety, depression, anger, risk to self/others, withdrawal):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is Youth at risk of being removed from the home: Yes No

If yes please explain: (hospitalization, DCF removal, residential placement):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# River Valley Counseling Center

Behavioral issues that are being demonstrated at home/school/community/employment:

---

---

---

Please describe history of treatment for SUD/MH and list all current providers (provide contact information):

---

---

---

---

**Areas covered by RVCC A-CRA Team:** Springfield, Chicopee, Holyoke

***\*\*\*Please fax completed referral form to (413)534-2544 Attn: Gleidy Maria  
or email the form to maria\_gleidy@holyokehealth.com\*\*\****

*For more information/questions, email Gleidy or call her at (413) 377-6314*

### **A-CRA Coordination Only**

**Date Received:** \_\_\_\_\_ **Assigned date:** \_\_\_\_\_ **Assigned to:** \_\_\_\_\_

**Intake Date:** \_\_\_\_\_

**Date of 1<sup>st</sup> Contact:** \_\_\_\_\_ **Date of 2<sup>nd</sup> Contact:** \_\_\_\_\_ **Date of 3<sup>rd</sup> Contact:** \_\_\_\_\_

**Date of 4<sup>th</sup> Contact:** \_\_\_\_\_ **Date of 5<sup>th</sup> Contact:** \_\_\_\_\_ **Date of 6<sup>th</sup> Contact:** \_\_\_\_\_

**Date of 7<sup>th</sup> Contact:** \_\_\_\_\_ **Date of 8<sup>th</sup> Contact:** \_\_\_\_\_ **Date of 9<sup>th</sup> Contact:** \_\_\_\_\_

**Date of 10<sup>th</sup> Contact:** \_\_\_\_\_ **Date of 11<sup>th</sup> Contact:** \_\_\_\_\_ **Date of 12<sup>th</sup> Contact:** \_\_\_\_\_

**Date of 13<sup>th</sup> Contact:** \_\_\_\_\_ **Date of 14<sup>th</sup> Contact:** \_\_\_\_\_

**Discharge Date:** \_\_\_\_\_