



# River Valley Counseling Center

## Project SOAR (Skills, Opportunities, and Recognition) Referral Form

Date of referral: \_\_\_\_\_ Language(s) 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: \_\_\_\_\_

### Insurance Information

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

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

### Reason for Referral:

Project SOAR (Skills, Opportunities, and Recognition) is a brief mentoring intervention for Holyoke High School students with concern for at-risk behaviors. Project SOAR is a minimum of 4-6 sessions, and includes the opportunity for students to be referred to appropriate follow up programs, including A-CRA at River Valley Counseling Center. Please describe this student's interest in participating in Project SOAR:

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

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

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

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

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

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

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 Project SOAR Team:** Holyoke

***\*\*\*Please fax completed referral form to Central Intake***

***(413)534-2889 \*\*\*Attention: Gleidy Maria***

***(413)-377-6314***

***maria\_gleidy@holyokehealth.com***

**Project SOAR 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:** \_\_\_\_\_

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