River Valley Counseling Center

**CLIENT #: _____**

**In-Home BEHAVIORAL Service Request Form**

**Date of Referral: _____ Language Spoken by Client: _____ By Parent: _____**

**NAME of Child: _____ D.O.B.: _____**

**Gender (Legal): _____ How Identifies: _____ Pronouns: _____**

**Address: _____ City: _____ Zip: _____**

**Phone number(s): _____**

**PARENT or GUARDIAN (name and rel'n): _____**

**Referred by: _____ Agency: _____ Phone#: _____**

**Custody Status: _____**

**Name of School Child Attends: _____**

**Insurance Information** **BHCA:** ☐

**MMIS Number: _____ Policy #: _____**

**MBHP:** ☐ **Be Healthy:** ☐ **BMC/Fallon:** ☐ **Tufts/Healthy Together:** ☐

**Cigna:** ☐ **Optum:** ☐ **Aetna:** ☐ **BCBS:** ☐ **HNE:** ☐ **Tufts Commercial:** ☐

**Other insurance not listed: _____**

**Reason for Referral:**

**Problem behavior(s) to be addressed (home/school/community). BE SPECIFIC:**

**Diagnoses:_____**

**** PLEASE FAX TO 413-594-1912 or scan and email to: cuevas_aixa@holyokehealth.com ****

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**Behavior Issues/Symptoms Continued:**

**AREAS COVERED BY RVCC IHBS TEAM: All Hampden County towns; the following Hampshire Co. towns: Northampton, Hadley, Easthampton, Belchertown, Amherst, So. Hadley, Hatfield, Westhampton, Southampton, Williamsburg, Granby, Pelham**

**IHT Coordination Only**

**Received: _____ Assigned date: _____ Assigned to: _____**