



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):



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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: A-CRA***

or email the form to rvccacra@holyokehealth.com***

For more information/questions, email or call (413) 540-1234 option 2

A-CRA Coordination Only

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

Intake Date: _____

Date of 1st Contact: _____ **Date of 2nd Contact:** _____ **Date of 3rd Contact:** _____

Date of 4th Contact: _____ **Date of 5th Contact:** _____ **Date of 6th Contact:** _____

Date of 7th Contact: _____ **Date of 8th Contact:** _____ **Date of 9th Contact:** _____

Date of 10th Contact: _____ **Date of 11th Contact:** _____ **Date of 12th Contact:** _____

Date of 13th Contact: _____ **Date of 14th Contact:** _____

Discharge Date: _____