

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: _____ WellSense/BMC/Fallon: _____ Tufts/Healthy Together: _____ Optum: _____

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: rvccCBHlreferral@servicenet.org ****

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:** _____