

TRANSITION AGE MOBILE CRISIS REFERRAL FORM

Referral Phone Number: 724.630.5189 Beaver County Crisis Line: 1.800.400.6180

If the individual is in immediate danger to themselves or others, please dial 9-1-1 or go to the nearest emergency room.

Beaver County Crisis is also available at 1.800.400.6180.

Transition Age Mobile Crisis is a short-term service that will respond by phone within 1 hour and attempt face to face contact in 24 hours to assess, stabilize, link families to available supports and services with side by side support. Referrals can come from provider agencies, courts, CYS, Schools, and self-referred. To qualify for this service and to make a referral please read the following:

1. Does the individual in crisis have CYS/JPO involvement?

School

District:

2. Is the individual between 14-24 and have Medical Assistance?

If YES to either 1 or 2, Complete and submit this referral.

If NO, please read the following:

3. For individuals between 8-24 and has severe mental health needs and/ or substance abuse concerns, a referral can be made for further assessment to determine if he/she meets eligibility requirements.

If NO to all three, Beaver County Crisis can provide immediate assistance and can be reached at 1.800.400.6180.

ivallie.					DOE	DOB:			
Insurance:		Gender:			Rac	Race:			
MA #:		SSN: XXX - XX -			Pare	Parent/Caregiver:			
Telephone 1:		Home:	0-11-	\ \ \ / - 	Add	ress:			
			Cell:	Work:	City:				
Telephone 2:		Home:	Cell:	Work:	Zip:				
					Apt	#:			
Referral Date:		Referral Time:				Referral Phone #:			
Referral Name and source:		Screening: Suicidal risk (please circle) Yes or No. Homicide risk (please circle) Yes or No.							
			Reason	for Referral:					
			Other Involv	ved Services:					
Children and Youth Services			Med	/ledical		If Other:			
		BCN	BCM/ACM						
	al Health	Othe	er						

Referrals can be made via email at

BeaverTAYMobileCrisis@pressleyridge.org

emails are monitored during business hours

Immediate need referrals can be made 24 hours a day at