GLADE RUN
LUTHERAN SERVICES

www.gladerun.org

Blended Case Management Referral

BLENDED CASE MANAGEMENT -- PLEASE FAX -- (724) 452-2395
ATTN: REBECCA HENRY

***Please attach confirmation of diagnosis, Psych Eval preferred if possible**

□ Beaver County
□ Butler County

REFERRAL DATE:	CLIENT NAME:	
DATE OF BIRTH:	AGE:	GENDER:
SOCIAL SECURITY #		RACE:
PRIMARY INSURANCE:		GROUP / MA #
SECONDARY INSURANCE:		GROUP / MA #

CLIENT ADDRESS:	EMERGENCY CONTACT:
	RELATIONSHIP:
	PHONE #
CLIENT PHONE: PREFERRED METHOD OF CONTACT -- CALL / TEXT	

IS THE CLIENT AWARE THIS REFERRAL IS BEING MADE? ☐ YES ☐ NO

REFERRING AGENCY _____ **STAFF NAME / TITLE** _____

REASON FOR REFERRAL:

_____

_____

_____

_____

DIAGNOSIS / CURRENT MEDICATIONS:

_____

_____

_____

Parent Information N/A BIOLOGICAL MOTHER BIOLOGICAL FATHER

NAME: _____

ADDRESS:_____

PHONE: _____

Legal Guardian Information N/A RELATIONSHIP:

NAME: _____

ADDRESS:_____

PHONE: _____

IS CLIENT CURRENTLY HOSPITALIZED? ☐ YES ☐ NO D/C DATE _____

Treatment History

	6 OR MORE DAYS OF PSYCHIATRIC INPATIENT TREATMENT IN THE LAST 12 MONTHS
	HAS MET THE STANDARDS FOR INVOLUNTARY TREATMENT IN THE LAST 12 MONTHS
	CURRENTLY RECEIVING / IN NEED OF 2 OR MORE SERVICES (please list)
	MISSED 3 OR MORE COMMUNITY MH APPOINTMENTS IN THE PAST 6 MONTHS (adults only)
	HAS HAD 2 OR MORE FACE TO FACE ENCOUNTERS WITH CRISIS OR EMERGENCY SERVICES IN THE PAST 12 MONTHS (adults only)
	DOCUMENTATION CLIENT HAS NOT MAINTAINED MEDICATION REGIME FOR 30 DAYS
FUNCTIONING LEVEL (please check one)	
	GAF SCALE RATING OF 60 OR BELOW FOR ADULTS / 70 OR BELOW FOR CHILDREN
	CLIENT RECEIVING ICM / RC / BCM SERVICES AS A CHILD AND RECOMMENDED / APPROVED FOR CONTINUATION OF SERVICES

Current Agency Involvement

		AGENCY NAME	CONTACT PERSON	PHONE #
	LTSR			
	CRR			
	OP			
	MH / MR			
	D/A			
	SOCIAL SECURITY			
	VOCATIONAL REHABILITATION			
	ADULT / JPO			
	HUD			
	OTHER			

Services Needed

	INCOME	
	CONNECTING TO SOCIAL SERVICES	
	D/A TREATMENT	
	EMPLOYMENT	
	EXPAND SOCIAL SUPPORT SYSTEM	
	HOUSING	
	IN NEED OF BENEFITS	
	LACK OF FAMILY INVOLVEMENT	
	MEDICAL	
	MH CONCERNS	
	EDUCATIONAL CONCERNS	
	ATTENTION TO ADLs	
	OTHER	