

## Referral for HCTC Services

### (Home Care Training for Home Care Client)

Send the completed request form to HCTC Provider Agencies (refer to SHCA Behavioral Health Resource List on [StewardHealthChoiceAZ.com](http://StewardHealthChoiceAZ.com) for agencies), attention Children's Services with the attached form.

*Please follow your agency guidelines for transmittal of Protected Health Information.*

---

Referring Clinic:

Referring Staff:

Phone #:

Email:

Date HCTC Services Needed:

Name of Youth:

AHCCCS # / CIS ID:

Date of Birth:

Male  Female

BHH Diagnosis:

Current Placement:

Physical disabilities, educational or special needs:

List this youth's three most significant strengths:

- 1.
- 2.
- 3.

Significant Behaviors:

- Cruelty to animals
- Violent behaviors
- Runaway
- Sexual acting out
- Suicidal ideation

Comments:

Desired Location of HCTC Home/Communities with whom the child has ties:

Permanency plan for this youth after leaving this behavioral health service:

- Return to Bio- family
- Adoption
- Guardianship
- ILS/development of permanent connections
- Kinship placement
- Other, please explain

Check all other "systems" involved with this youth:

- DCS
- DDD
- JPO/AOC
- Other

Anticipated length of time in HCTC services:

**PLEASE PROVIDE THE FOLLOWING DOCUMENTS**

**Referral Component Checklist:**

- ✓ **Current Behavioral Health Assessment**
- ✓ **Behavioral Health Service Plan**
- ✓ **CASII**
- ✓ **Last three CFT notes**
- ✓ **Crisis Plan**
- ✓ **SNCD**
- ✓ **Psychiatric Progress Notes**
- ✓ **Current Medication List**
- ✓ **ROI for Licensing Agency**