**Garrett County LCT Referral Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referral Date: |  | | LCT Meeting Date: | |  | | | |
| Referring Agency: |  | | Case Worker: | |  | | | |
| Phone: |  | | Email: | |  | | | |
| Purpose of Meeting: | New Case | Review | Emergency | VPA | |  |  |  |

**Section 1. - personal information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Child: | | |  | | | | | | | | |  | | |  | | | Gender: | | Male  Female |
| D.O.B. |  | | | Age: | | |  | Race: | |  | | | | |  | | | | |  |
|  | | | | |  |
| **Child’s Current Living Situation: (check one)** | | | | | | | | | | | | | | | | | | | | |
| Parents | | Foster Care | | | | Relative | | | Group Home | | Hospital | | | Detainment | | Independent Living: | | | Other (please list): | |
| Child’s Current Residence  (Facility’s Name): | | | | | | |  | | | | | | | | | | | | | |
| Address:  City:  State/Zip Code: | | | | | | |  | | | | | | | | | | | | | |
| **Mother/Caregiver Name**: | | | | | | |  | | | | | | Birth | | Adoptive | | Step | | | Other  (Explain): |
| Address:  City:  State/Zip: | | | | | | |  | | | | | | Address Type: | | | | Permanent  Temporary | | | |
| Phone Number (home): | | | | | | |  | | | | | | Phone Number (work): | | | |  | | | |
| Occupation: | | | | | | |  | | | | | | Date of Birth: | | | |  | | | |
| **Father/Caregiver Name**: | | | | | | |  | | | | | | Birth | | Adoptive | | Step | | | Other  (Explain): |
| Address:  City:  State/Zip: | | | | | | |  | | | | | | Address Type: | | | | Permanent  Temporary | | | |
| Phone Number (home): | | | | | | |  | | | | | | Phone Number (work): | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **GUARDIAN** (if other than parent): | | | | | | | | | | | | | | | | | | | | |
| Name of person or agency: | | | | |  | | | | | | | | Address:  City:  State/Zip: | | | | |  | | |
| Relationship: | | | | |  | | | | | | | |
| Phone (home): | | | | |  | | | | | | | | Phone (work): | | | | |  | | |
| Occupation: | | | | |  | | | | | | | | Date of Birth: | | | | |  | | |

**Section 2. - agency information/legal status**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is child court involved? | Yes  No | | Court Committed? | | Yes  No | | | Commitment Type: |  | | |
| Lead Agency: |  | | | | | Case Manager: | | |  | | |
| Address:  City:  State/Zip Code: |  | | | | | Email:  Phone: | | |  | | |
| Co-Lead Agency: |  | | | | | Case Manager: | | |  | | |
| Address:  City:  State/Zip Code: |  | | | | | Email:  Phone: | | |  | | |
| Funding Agency: | DJS | DSS | | LMB | CSA | | Medical Assistance | | | LEA  (List Jurisdiction): | |
| If applicable, list Co-Funding Agency/Agencies: | | | | |  | | | | | | |
| Child’s Attorney (If Applicable): | | | | |  | | | | Phone: | |  |
| Address:  City:  State/Zip Code: | | | | |  | | | | | | |

**Section 3. - health/medical information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Medical Assistance | Yes  No | | Applied for Medical Assistance but not enrolled: | | | | | Yes  No |
|  | | | | |  |
| Currently Receiving SSI: | Yes  No | | Private Insurance | | | Yes  No | | |
|  | | |  | | |
|  |  | | | | | | | |
| **CURRENT DSM DIAGNOSIS:** | | | | |  | | | |
| Axis I: | |  | | | | | | |
| Axis II: | |  | | | | | | |
| Axis III: | |  | | | | | | |
| Axis IV: | |  | | | | | | |
| Axis V: Current GAF | |  | | Highest Past Year | | |  | |

**Section 4. - educational information**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Current school placement: | | |  | | | | | | Private  Public | | |
| Special Education? | | | Yes  No | | Most Recent IEP Date: | |  | | Grade: | |  |
| Current Educational Service(s): |  | | | | | | | | | | |
| Is DDA application appropriate? | | Yes  No | | Application Date: | |  | | Application Status: | |  | |

**Section 5. - background**

|  |  |
| --- | --- |
| 1.) History of Clinical Services: |  |
| 2.) Out of home placements (name, date, disposition): |  |
| 3.) What services have been provided:  (i.e. case management, respite, group home, etc.) |  |
| 4) Other pertinent background information: |  |

|  |  |
| --- | --- |
| Who to invite to a LCT meeting or Emergency LCT meeting: | Parent(s)  Attorney (of child and/or parent(s)  Therapist |