

# Garrett County Local Care Team

Referral form to be completed by agency representative/referral source or by a self (or family) referral.

1. Email \*

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2. Referral Request on Behalf of Youth: (First, Middle, Last Name)

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3. Date of Birth for Referred Youth:

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4. Full Name of the Parent(s)/Guardian(s) of Referred Youth (LCT Coordinator will contact):

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5. Parent(s)/Guardian(s) Email(s):

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6. Parent(s)/Guardian(s) Phone Number(s):

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7. Parent(s)/Guardian(s) Street Address:

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**IMPORTANT**

Please inform the parent/guardian that you are making this referral on their behalf and provide the parent/guardian with information about the Local Care Team.

8. **Reason for Referral:** Please provide a short summary of why you are making this referral (clinical/educational/behavioral needs, family support needs, etc.

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9. Which of the following BEST describes the reason for the Local Care Team referral?

*Mark only one oval.*

Child/Youth is being discharged from acute residential treatment with a recommendation for higher level of care.

Child/Youth has a recommendation for a higher level of care

Child/Youth is currently in a hospital setting and at-risk of overstay

Child/Youth has been identified as CINS - Child in Need of Services

Child/Youth has been recently adopted and parent/guardian is in need of resources/supports

Parent/Caregiver has requested a Local Care Team referral

Parent/Guardian has requested a Voluntary Placement Agreement

Child/Youth is not connected to any community resources

Child/Youth is being discharged from residential treatment

Medical Professional/Therapist has been unable to identify community resources to meet identified need

Education Professional has been unable to identify community resources to meet identified needs

Multi-agency service coordination is needed to meet child/youth needs

Family is in need of resources to meet basic needs (housing, food, etc.)

10. Full Name of the Individual Completing this Form:

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11. Email of the Individual Completing the Form:

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12. Phone Number of the Individual Completing the Form:

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13. Name of the Agency/Organization You Represent or Your Relationship to the Youth:

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14. Signature:

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15. Date:

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