Child & Family Focus, Inc.

Transition to Independence Process (TIP) Referral

Young Person's Demographic Information

Name:_____

Referral Date:_____

Address:_____

Phone Number:_____ **Alternate Phone:**_____

Young Person's Email Address:_____

Date of Birth:_____ **Age Today:**_____

Young Person's Identified Gender:_____ **Social Security #:**_____

Medical Assistance #:_____ **Base Service Unit #:**_____

Guardian(s) Name (if applicable)_____

Current School Attending (if applicable):_____

Current School District Attending (if applicable):_____

DSM Diagnoses

Primary Mental Health Diagnosis Code and Description:_____

_____

Additional Mental Health Diagnoses:_____

_____

_____

Primary Medical Diagnosis (if applicable):_____

_____

Referral Source's Information

- ❑ **Youth/Young Adult/Self Referral**
- ❑ **Natural Support**

  Referring Person's Name:_____

  Referring Person's Phone #:_____

  Does the young person want to participate in TIP? _____

- ❑ **Formal Support**

  Name of Referring Person's Affiliation:_____

  Referring Person's Name:_____

  Referring Person's Phone #:_____

  Does the young person want to participate in TIP? _____

System Involvement

- ❑ **Mental Health Outpatient Involvement**
  If yes, Agency Name(s) & Contact Info :_____

  _____

  _____

- ❑ **Probation Involvement**
  If yes, PO's Contact Info:_____

- ❑ **Children & Youth Involvement**
  If yes, CYS Contact Info:_____

- ❑ **Office of Intellectual Disabilities Involvement**
  If yes, OID Contact Info:_____

- ❑ **Drug & Alcohol Treatment**
  If yes, D&A Contact Info:_____

  _____

The following MUST be answered by the Young Person Referred:

What do you expect from participating in TIP?_____

_____

_____

_____

I understand that submitting this TIP referral does not guarantee enrollment into the TIP program.

_____

Youth/Young Adult's Signature **Date**

_____

Referring Person's Signature (if applicable) **Date**

Please submit the completed referral and related materials to:

Child & Family Focus
Attn: Tiffany Thornton
450 Parkway Dr. Suite 210
Broomall, PA 19008
Fax: 610-325-3137
tthornton@childandfamilyfocus.org