Youth Bridge
BUILDING BRIGHTER FUTURES

Youth Bridge Referral for School Based Services

When completed, please e-mail referral form to mhreferrals@youthbridge.com.

BURRELL
TIME TO CHAT

Please note: *All fields underlined are required.*

Date of Referral: School:

Student Name: *(Legal Name)* Home Phone: Cell Phone:

DOB: SSN: Grade: Primary Language

Payment Source: Insurance Co. Address:

Insurance ID#: Parent/Guardian Name:

Briefly describe the nature of the concern:

Interventions attempted or in place:

Please check all that apply to this referral:

- ☐ The student has been referred to Teacher Support Team
- ☐ The student has been referred to: ☐ Children's Division/Hotline ☐ Juvenile Office
- ☐ The student is identified as "at risk" as evidenced by the following: (Check all that apply)

Attendance:

- ☐ Attendance %:
- ☐ Repeated tardiness
- ☐ Truant
- ☐ High absenteeism

Academics/School Discipline:

- ☐ Repeated grade level/subject failure ☐ IEP ☐ 504
- ☐ Low achievement
- ☐ Recent decline in academic performance
- ☐ Frequent discipline referrals
- ☐ ISS, # of days: _____ ☐ OSS, # of days: _____

Home Environment:

- ☐ High mobility/transient/homeless
- ☐ Family member incarcerated
- ☐ Family mental health problems
- ☐ Family substance abuse problems
- ☐ Food insecure or other basic needs not met
- ☐ Domestic violence
- ☐ Out of home placement
- ☐ Current hospitalization/IOP/PHP placement

Social/Emotional/Behavioral Problems:

- ☐ Few or no friends
- ☐ Frequently sad/cries often
- ☐ Overly active/hyper
- ☐ Non-suicidal self-injury
- ☐ Prescribed psychotropic medications
- ☐ Aggressive to adults
- ☐ History of psychiatric hosp.
- ☐ Anger/outbursts
- ☐ Defiant or oppositional
- ☐ Suicidal behaviors
- ☐ Substance use
- ☐ Aggressive to peers
- ☐ Excessively nervous or worried
- ☐ Short attention span
- ☐ Threats of harm to self
- ☐ Threats of harm to others
- ☐ Pregnant or parenting
- ☐ Withdrawn/social isolation

Before a referral can be completely processed, the parent/guardian must consent for the child to receive services.

Referral Source Email Phone

Check Box to Lock Form: ☐
(Checking this box will finalize the form and prevent future edits).

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