

Referral Date: ___ / ___ / ___

Referring Agency:

Name of Referring:

Referral Form **TF-CBT**

Fax or email to:

Amanda Cipriani, LCSW-C

Tri-County Crisis Response Program Coordinator

Phone # 443-684-3667

Fax# 410-535-4965

Email: acipriani@smcni.org

General information: Please contact SMCN main office line at 410-535-4787

Client's Information/Demographics: (please complete the following)

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ___ / ___ / ___ Home Address: _____

Phone Numbers: (H) _____ (M) _____ (W) _____

Gender: Male Female Race: Caucasian African American Hispanic Asian Other: _____

School Attended: _____ Grade Level: _____

Custody of Child is with or between whom: *if agreement is in place or in process between two parties of the child identified above as client, please prepare a copy of existing agreement:*

Reason for Referral (Child and Family Behaviors):

Currently prescribed medications: Yes ___ or No ___

Hx of Self-Harm or Suicide Attempts: Yes ___ or No ___

Primary Care or Specialist Last Seen: _____

Location Preferred for Services to Take Place: Please SELECT by circling one option below: HOME, Alternative Location, or SMCN Office

Home (Please list address)

Alternative Community Location (i.e. agreed upon private meeting area)

SMCN Office: Southern Maryland Community Network 305 N Prince Frederick Blvd, Prince Frederick, MD 20678

Incarcerated Parent Name: _____

Is the incarceration Current or Past: _____

Please notate expected release date if known: _____

Other Pertinent Info. Needs, Accommodations, or Barriers:

If the TF-CBT Coordinator is unavailable to speak with upon calling, please leave a voicemail. An email may also be sent with the attached referral. Please allow 24-48 working business hours for initial response. All families/clients referred will be provided initial contact to gather consent, and to further determine appropriateness for TF-CBT specialized services. For further support or general information on the referral process, please contact 410-535-4787.