

*Payor or Funding Source must be identified for services requested (i.e. Medicaid, DSS, DJJ). Referral forms are to be fully completed and referral sources must inform the client's parent/guardian about the referral for services before services can be initiated.



Associated Educational Services of Virginia Inc. (AES) REFERRAL FORM

IDENTIFYING INFORMATION

(All asterisk fields are required)

*Name: _____ *DOB: _____ *Age: _____ *Gender: _____

*SS#: _____ *Race: _____ *Medicaid #: _____

*Parent/Guardian: _____ *Phone: _____ Cell: _____

*Address: _____ *City: _____ *ZIP: _____

PROBLEMS/RESOURCES

Why is the client being referred for services? Presenting Problems/Risk Conditions:

What is the client's current or previous diagnosis if applicable? _____

List Present Services being received: (e.g. counseling, psychiatric, case management, school, probation/court)

Has In-Home counseling been received before? Yes/No _____ When?

What agency and counselor's name if known? _____

SERVICES REQUESTED

___ Intensive In-Home Services ___ Metropolitan Day School ___ After School Program

___ Therapeutic Day Treatment Program (Site Location) _____

Has the client's parent/guardian been informed about this referral? Yes/No _____

When? _____

ELIGIBILITY AND DOCUMENTATION

Child is in danger of an out-of-home/school placement _____ **OR** is being transitioned to home or original school from an out-of-home/school placement _____ (one must be checked in order to be eligible for services)

Please include the following to aid in the assessment process:

- A. Social History (Any background/social history available on client)
- B. Copy of Medicaid Card (if available)
- C. Relevant Testing/Documents (if available)(e.g. IEP, psychological)
- D. Copy of Physical ((Physicals within the current calendar year must be received during the first 30 days of service. Failure to do so will result in termination of services.)

Referral Name: _____ Position/Title: _____

Referral Source: _____ Date: _____

Phone: _____ Completed By: _____