Break of Day Mental Health Group, Inc.

Adult Services Referral Form

Name:			Date of Referral:
Street Address/PO Box:			Date of Birth:
Town:	State:	Zip Code:	Phone:
Consumer has a Guardian? Yes No		*(Must have copy of Guardianship document from Guardian returned with signed Release of Information)*	
Guardian Name:		Guardian Phone:	

MaineCare #:	SS#:	Medicare: yes no #:
Consent Decree? Yes No	Staff Preference: Male Female No Preference	
Referred by/Agency:		Phone:

Service(s) requested:

☐ Community Integration/Case Management (CI)	☐ Skills Development (SD) Services
☐ Outpatient Therapy (OP) Services	Hours requested per week: _______________
☐ Representative Payee (RP) Services	
☐ Nurse Consultant	☐ Daily Living Support (DLS) Services
☐ Behavioral Health Home Services (BHH)	Hours requested per week:________________

Check boxes of areas of assistance needed:

☐ Housing Needs	☐ Financial/Budgeting Needs	☐ Mental Health/Psychiatric Needs
☐ Vocational/Educational	☐ Community/Resource Needs	☐ Medical Needs
☐ Legal Needs	☐ Transportation Resource	☐ Independent Living Skills
☐ Time Management Skills	☐ Developing Natural Supports	☐ Social/Cultural/Peer Needs
☐ Other:		

Psychiatric symptoms and behaviors reported:

☐ Depression	☐ Panic Attacks	☐ Anorexia	☐ Hx Court Commitment
☐ Suicidal Ideation	☐ Anxiety	☐ Binge Eating/Purging	☐ Hx “Blue Paper”
☐ Low Self Esteem	☐ Nightmares	☐ Poor Concentration	☐ Hx Psych Inpatient
☐ Hopelessness	☐ Excessive Worry	☐ Poor Decision Making	☐ Hx Crisis Services
☐ Loss of Interest	☐ Hypervigilance	☐ Poor Attention/Focus	☐ Currently Homeless
☐ Sadness	☐ Flashbacks	☐ Memory Problems	☐ Hx Homelessness
☐ Increased Appetite	☐ Hallucinations	☐ Substance Abuse	☐ Currently in PNMI
☐ Poor appetite	☐ Delusions	☐ Substance Dependence	☐ Hx PNMI
☐ Changes in speech	☐ Paranoia	☐ Other Addiction	☐ Hx Aggressive Behavior
☐ Changes in movement	☐ Low Mood	☐ Risk-Taking Behaviors	☐ Hx of Trauma
☐ Insomnia	☐ Elevated Mood	☐ Self-Harming Behavior	☐ Hx Suicide Attempts
☐ Irritability	☐ Intrusive thoughts	☐ Difficult Relationships	☐ Homicidal Ideation
☐ Avoidant Behaviors	☐ Dissociation	☐ Poor Emotion Regulation	☐ Arrests/Incarceration
☐ Other:			

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Section 17 Eligibility Criteria:

☐ Current diagnosis of Schizoaffective Disorder or Schizophrenia (S. 17) OR
☐ Current diagnosis of "Serious and Persistent Mental Illness**" (**See S. 17 for exclusions) AND
☐ At least one 72-hour inpatient stay at Dorothea Dix OR Riverview in past 24 months; OR
☐ At least two 72-hour inpatient stays at a community based psychiatric facility/hospital in past 24 months; OR
☐ Discharge from a PNMI in past 24 months; OR
☐ History of court commitment to a psychiatric facility as an adult (NOT just "blue paper"); OR
☐ Until the age of 21, individual was in services as a child with severe emotional disturbance; OR
☐ Written opinion from a clinician that the client has a history of episodes of the following issues as a result of qualifying mental illness, AND is likely to have future episodes of the following, without Section 17 services in place: ☐ Homelessness ☐ Psychiatric Hospitalizations ☐ Criminal Justice Involvement ☐ Residential Treatment
Notes:

Section 92 Eligibility Criteria:

☐ Current diagnosis of "Serious and Persistent Mental Illness**" (**See S. 92 for exclusions)
☐ Current LOCUS Assessment score of 17/Level III or greater
Notes:

Please include all of the following required documentation:

- ☐ Signed Authorization to Release Information to Break of Day Mental Health Group, Inc. – all programs
- ☐ Copy of the applicant's current ISP (Completed within 90 days) – for Skills or Daily Living Support Services
- ☐ Copy of Current LOCUS Assessment (Completed within 1 year) – for Skills or Daily Living Support Services

Other helpful documentation:

- ☐ Discharge Information (if applicable) – all programs
- ☐ Comprehensive Assessment – all programs
- ☐ MH Advance Directive (if available) – all programs
- ☐ Crisis Plan – all programs
- ☐ Medication List – all programs
- ☐ AC-OK screening form – CI, Outpatient referrals
- ☐ Copy of Current Diagnostic Information (Completed & signed within 1 year) – all programs

Signature of Client　　　　　　　　　　Date

Signature of Referral Source　　　　　　　　　　Date