



# REFERRAL FORM

Type of Referral - Circle One

School Personnel	Parent/Guardian - Child	Self Referral - Adult
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Today's Date: \_\_\_\_\_ Name of Client: \_\_\_\_\_

Name of Parent/ Guardian/ School Staff Making Referral: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Client Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Social Security # or  
MMIS Number/Insurance #: \_\_\_\_\_

(This information must be supplied for verification)

### REASON FOR REFERRAL:

(Please Circle Appropriate Reasons)

BEHAVIORAL CONCERNS

STRENGTHENING SOCIAL SKILLS/SELF-ESTEEM

DEPRESSION/ANXIETY

BULLYING/CONFLICT RESOLUTION

SOCIAL ISSUES

SUBSTANCE USE/ABUSE

SHORT TERM CRISIS: Loss of Loved One, Divorce, etc.

OTHER :

Email Referral Form To : referrals@theredzoneyt.com or provide completed referral to your Red Zone Staff Member.

Please call us at (330) 787-9180 if you have any questions.

#### For Red Zone Staff:

Date of assessment: \_\_\_\_\_ Time of assessment: \_\_\_\_\_

Location of assessment: \_\_\_\_\_

Name of QMHS worker assigned to the client: \_\_\_\_\_

Therapist who will conduct the assessment: \_\_\_\_\_



\*Assessment and Referral \*Mental Health Services \*Community Psychiatric Supportive Treatment  
\* School Based Social Work \* Outpatient Treatment \*Intensive Outpatient Treatment \* Partial Hospitalization \*Case Management Groups

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Phone: (330) 787-9180 Fax: (234) 254-8413  
209 W. Woodland Ave., Youngstown, OH 44502

September 8, 2020

Dear Southern Local School District Parents:

The Red Zone is an agency dedicated to providing children, teens, and adults with the highest level of professional behavioral health care. We are excited to announce that we are continuing our partnership with the Southern Local School District. *We understand that everyone is living in tough times right now - we are here to help you. We are now serving all ages in your home, community or school.*

The Red Zone can help with:

- Children who struggle with attention, anger, loss and depression.
- Adults who are having trouble with job loss, relationship issues, addiction, anger and depression.
- Family Counseling

We can help now! We offer help over the phone, through video chat, or in person. Medicaid covers our services 100% - meaning there is ZERO cost to you.

On the reverse side, you will find our referral form, please fill out and return to the school office or email back to us at [referrals@theredzoneyt.com](mailto:referrals@theredzoneyt.com).

If you have any questions, do not hesitate to call us at (330) 787-8190.

Maurice Clarett  
Owner