



CENTERSTONE

Services include:

- **Mental/Emotional Health Counseling**
 - * Office-based Outpatient Therapy for adults and children
 - * Intensive Therapy Services for children and families in the western 17 counties
 - * Targeted Case Management for children and adolescents in the western 17 counties
 - * Moral Reconciliation Therapy Groups
- **Community Inclusion Programs for Individuals with Developmental and Intellectual Disabilities**
 - * Supports for Community Living
 - * Positive Behavior Supports
- **Guardianship Services**
- **Representative Payee Services**

Call us when you need us!

270-443-1317

**3025 Clay Street
Paducah, KY 42001
270-443-1369 (fax)**

Formerly The H Group of Kentucky

Centerstone
Intensive Family Services Referral Form
FAX to: 270-443-1369
Phone: 270-443-1317

Child's Name (first, last): _____ Gender: _____ Referral Date: _____

Guardian's Name: _____ Child's Social Security#: _____ Child's Race: _____

Custody of: Parent DCBS DJJ

OTHER: _____

Address: _____ ZIP: _____ Phone: (____) _____

School: _____ Grade: _____ DOB: _____

Referring Individual and Agency: _____ Phone: (____) _____

County of Referring Agency: _____ Fax: (____) _____

Checklist for Eligibility

Check One

- ___ Yes ___ No ___ Not Sure
- ___ Yes ___ No ___ Not Sure
- ___ Yes ___ No ___ Not Sure
- ___ Yes ___ No ___ Not Sure

Criteria

- Does the child have a medical card? MAID#: _____ MCO: _____
- Does the child have a diagnosed emotional or behavioral disorder?
If so, what is the diagnosis?: _____
- Has the child been having difficulties in the home, school, or community
for at least the past 6 months?
- Has the child had recent previous counseling within the last 6 months?

Reasons For Referral (Check all that Apply)

School

- ___ Frequent disciplinary referrals
- ___ Sporadic disciplinary referrals
- ___ History of suspensions
- ___ Physically aggressive
- ___ Destructive to property
- ___ Truancy
- ___ Theft
- ___ Dishonesty
- ___ Defiant behavior
- ___ Hyperactivity
- ___ Impulsivity
- ___ Attention problems
- ___ Unusual fears or anxiety
- ___ Difficulty with peer relations
- ___ Social withdrawal or isolation
- ___ Sadness/depression
- ___ Poor self-care/hygiene
- ___ Irritability
- ___ Mood swings
- ___ Appetite problems
- ___ Learning difficulties
- ___ Poor grades

Home

- ___ Requires frequent discipline
- ___ Defies adults requests
- ___ Noncompliant with chores
- ___ Physically aggressive
- ___ Destructive to property
- ___ Theft
- ___ Dishonesty
- ___ Hyperactivity
- ___ Impulsivity
- ___ Attention problems
- ___ Unusual fears or anxiety
- ___ Social withdrawal or isolation
- ___ Sadness/depression
- ___ Poor self-care/hygiene
- ___ Irritability
- ___ Mood swings
- ___ Appetite problems
- ___ Sleeping difficulties
- ___ Difficulty with sibling relations

Community

- ___ History of vandalism
- ___ History of theft
- ___ Physically aggressive
- ___ Sexually promiscuous
- ___ History of substance abuse
- ___ Sexually abusive
- ___ Involvement with a cult or gang
- ___ Fire setting behavior
- ___ Seeks negative peers
- ___ Runs away
- ___ Other legal violations
- ___ Other concerns:

Available history of difficulties: _____

*Therapist/Service Coordinator requested: _____