**Richmond Behavioral Health Authority**
**Therapeutic Youth Day Treatment Programs**

RBHA

## Referral Form

*RBHA is proud to partner with Richmond Public Schools to provide qualified students with Therapeutic Youth Day Treatment services.*

***Day Treatment services include but are not limited to:***

- *Daily cognitive-behavioral programming (a case manager monitors the student throughout the day providing needed redirection, crisis intervention, and positive reinforcement)*
- *On-site Clinician to provide individual and group therapy every week*
- *Daily psycho-educational groups following an established Curriculum Manual with pre/post-tests*
- *Psychiatric Services (Initial and crisis evaluations, medication management)*
- *Intensive In-Home services for those students at risk of out-of-home placement*
- *Family Case Management (parenting education, coordination of mental health appointments, supportive counseling and education regarding diagnosis)*
- *Outcome measures collected, analyzed, and reported to the school each year*

Upon completion, please submit this form to your school's RBHA Day Treatment representative.

Guardian Name _____
Student Name _____
Address _____
_____

Home Phone _____ Work Phone _____ Other Phone _____

Type of Insurance ☐Medicaid ☐Private ☐None ☐Other, specify: _____

School and Grade _____
Homeroom Teacher/# _____

**Please check the appropriate boxes and/or describe problem/needs:**

☐Easily Frustrated ☐Argues Often ☐Fights Often
☐Difficulty Concentrating ☐Difficulty Following Directions ☐Injures Self

_____

_____

_____

_____

**Please indicate the number of disciplinary measures utilized over the last year:**

In-School Suspension: _____ Out-of-School Suspension: _____ Office Referrals: _____

Please identify special education services and IQ score: _____

Signature of Person Completing the Form_____ Date _____
Title or Relationship _____ Phone _____

For office use only:

Intake Date: _____ Intake Clinician: _____
_ Approved: Signature _____

_ Not approved: Reason/Other Action _____
_____
_____
Signature _____