

Behavioral Health Consulting Services, LLC

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1-860-673-1255 Avon fax only
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REFERRAL FORM

Referral Date: _____ Service Requested: _____

DCF Social Worker: _____ Supervisor: _____

Regional office: _____ SW office phone: _____

SW Nextel: _____ Fax: _____

Supervisor's office phone: _____

Email Address: _____ Date of Contract Approval: _____

Child's name: _____ Date of Birth: _____

DCF Status: _____ Link #: _____

Child's gender: Male Female Ethnicity/Race: _____

Child's height _____ Child's weight _____

Contact Name: _____ Relationship _____

Address: _____ City: _____

Home Number: _____ Cell Number: _____

Emergency Contact Name: _____ Biological parent ph. contact: _____

Emergency Contact Number: _____ Biological parent address: _____

Reason for Referral/Summary: _____

Identifying Information to include history of family:

Presenting Issues:

Strengths and Needs assessment:

Behavioral Concerns:

Clinical Diagnosis:

Clients Goals:

1.

2.

3.

Allergies:

Medications:

SERVICES REQUESTED	SERVICE DESCRIPTIONS	RATE PER HOUR	# OF HOURS PER WEEK	#OF WEEKS ALLOCATED	TOTAL DOLLAR AMOUNT
Clinical Assessment	negotiable	\$110.00 per hour			
Reunification services licensed clinicians- \$95.00 masters level clinicians \$85.00 bachelors level \$80.00	Tx plan needed Refer to Phases for description	Range \$95.00 to 80.00 per hour			
Behavioral Management only	Tx plan needed fee is one hour according to service	Needs to be negotiated			
Supervised Visitation only		\$45.00			
Therapeutic Support Staff only	Tx plan needed Fee is one hour according to service	\$40.00			
Support Staff only		\$35.00			
Transportation- is according to service	This should be incorporated into the contracted hours if you require transportation Fee-From start of pick up with client to drop off of client only	Superv. Visit- \$45 per hour TSS-\$40 Per hour SS- \$35 Per hour			
Supervision Mandatory Per DCF Fee is according to the service Ex. TSS-\$40.00 Supervision \$40.00	This should be incorporated into the contracted hours Supervision is billed once per month during the contract	Supervised visits-\$45 TSS \$40.00 per hr. SS- \$35.00 per hr.	2 hours per month Mandatory per DCF 15 min. per case per month per DCF		
Parent Aid only	Curriculum and observation with parent and child	\$65.00 per hour			

SERVICE DESCRIPTIONS	RATE PER HOUR	# OF HOURS PER WEEK	#OF WEEKS ALLOCATED	TOTAL DOLLAR AMOUNT	
Outpatient therapy Medicaid insurance		Medicaid insurance rates			
Outpatient therapy Private insurance		Private insurance rates			
Tutoring Service Special Education teachers		\$90.00 per hour			
Tutoring Service Certified teacher		\$60.00 per hour			
Other Services (indicate)					

NO SHOW POLICY

If the client does not show for their appointment with provider that was previously scheduled then there is a two hour fee charged according to the rate of service.

There is a two hour minimum with all cases

	Signature	Date	comments	
Social worker				
Program supervisor				
Area Director				

**Authorization of designated signature needs to be completed
Contract for Payment approval will need to be attached and signed with intake**