



**Office of
Mental Health**

Western New York Children's Psychiatric Center

Mobile Integration Team Referral

Date: ____/____/____

Youth Applicants Identifying Information									
Legal Name:			Chosen Name:				DOB:		
Sex Assigned at Birth:		Gender:	Race:		Pronouns:		SSN:		
Address: Street:			City:		State:	Zip Code:		County:	
Parent/Guardian/Custodian Identifying Information									
Legal Name:			Chosen Name:				Parental Custody: Yes No		
Address: (If different from youth) Street:			City:		State:	Zip Code:		County:	
Telephone Numbers: H: _____ W: _____ Cell: _____									
Additional Information									
Language Spoken by Youth:			Language Spoken in the Home:			Language Preferred for Health Care Information:			
Ins. Co. & #:				Medicaid #:					
School District:		School:			Grade:	Intellectual and/or Developmental Disability Diagnosis? Yes No Unknown			
Single Point of Access (SPOA) Involvement: Yes No			Contact Person:			CFTSS Referral: Yes No		Legal Involvement: Yes No	
PINS: Yes No	Probation Officer:		Phone:		CPS: Yes No	CPS Worker:		Phone:	
Health Homes: Yes No	Care Management Agency:				Care Manager:			Phone:	
Outpatient Counseling: Yes No		Counseling Agency:			Counselor:			Phone:	
Reason for Referral									
History of Abuse – Sexual: Yes No		Physical: Yes No		CPEP Evaluations: Yes No		CPEP Evaluation Dates:			
Psychiatric Hospitalization: Yes No		Psychiatric Hospitalization Dates:							
Current Behaviors:									
Sexualized		Aggressive		School Avoidance			Other:		
Suicidal		Fire Setting		Medication Noncompliance					
Self-Harm		Abscond		Social Avoidance					
Provide explanation for checked behaviors and how MIT can be helpful:									

Please attach any copies of safety plans developed with the youth and family.

Referred By: (print name) _____ Signature: _____

Agency: _____ Tel #: _____ Fax #: _____

****Please ensure Western New York Children's Psychiatric Center is provided with accurate and complete information about present and past illnesses, medications, hospitalizations, developmental stages, and other matters related to the individual's health and development. ****