



Recovery  
Options  
Made Easy

## HBCI REFERRAL FORM

### CHILD INFORMATION

Full Name:	
Date of Birth:	School/Grade:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Phone #:
Address:	
Diagnoses (if known):	

### PRIMARY CAREGIVER INFORMATION

Name:	Phone #:
Address if different:	

### REFERRAL SOURCE INFORMATION

Name:	Phone Number:
Role:	Email:
Agency:	Date of Referral:

### ELIGIBILITY

- Youth is between 5-21 years old

Youth meets at least two of the following:

- Symptoms/behaviors are current, persistent, and severe
- Child/family is not engaged/responding to traditional treatment
- Home is unable to support growth to address current mental health needs
- High use of acute psych hospitals, CPEP, or crisis services for the child
- Child is at immediate risk of residential placement or hospital admission
- Child resides with a caretaker on whom they are financially dependent

Caregiver is willing to:

- Provide bulk of support during & after program
- Participate themselves in program
- Help client attend treatment after program



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### REASON FOR REFERRAL:


### OTHER SERVICES INVOLVED/ATTEMPTED:


ROME's Home-Based Crisis Intervention is a 4-6 week intensive program in Cattaraugus and Chautauqua counties to avert hospitalization and/or residential placement of youth by providing skill-building, safety planning, connections to resources, and 24/7 on-call support.

The referral will be considered within **2 business days** based on need, eligibility, and availability.

The program has a small caseload with no waitlist.

If the referral is declined, you can re-refer at any time with an update on the ongoing/new crisis.