



“HELPING HANDS THAT HEAL”

Phone: (434) 630-8494 Fax: (888) 767-7937

Community Based (Crisis) Stabilization Referral Form

Date of Referral: _____

Client Name: _____

DOB: _____ Age: _____ Gender: _____

SSN: _____ Race: _____

Medicaid#: _____ HMO Name: _____

Phone: _____ Email: _____

Address _____

Presenting Problems/Risk Conditions:

List present/past services being received: (in home counseling, group home, day treatment, outpatient therapy, case management, PCP) Any prior hospitalizations?

How did you hear about TPI? _____

If Referral given by someone other than client:

Referral Source Name: _____

Agency _____

Phone: _____ E-mail: _____

TPI employee completing referral _____

Adults must meet at least two (2) of the following criteria at the time of admission:

- Experiencing difficulty in establishing and maintaining normal interpersonal relationships to such a degree that they are at risk of psychiatric hospitalization or homelessness or isolation from social supports.
- Experiencing difficulty in activities of daily living (ADLs) such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is jeopardized.
- Exhibiting such inappropriate behavior that immediate interventions by mental health, social services, or the judicial system are or have been necessary.
- Exhibiting difficulty in cognitive ability (such that the individual is unable to recognize personal danger or recognize significantly inappropriate social behavior).

To be eligible for community-based services, the adult must be able to be served safely in their own home and or community.