#   Referral for Evaluation & Treatment and Battering Intervention and Prevention Program Services

**Purpose:** To be used by INV/FBSS/CVS to refer a client to Evaluation and Treatment (E&T) Services and/or Battering Intervention and Prevention Program (BIPP) Services

**Directions:** After completing this form, the caseworker submits the form electronically or by mail to the Provider at the time of the initial 2054 submission. A copy of this document should be placed in the client's case file. For questions on this form contact the regional contract program director or the State Office Mental Health Program Specialist. STAR Health clients are not allowed to receive CPS contracted purchased services. Service Authorization form 2054 must be provided even if the client has Medicaid. Medicaid requirement is not applicable to BIPP providers.

| CHILD'S INFORMATION   |
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| Child’s Full Name:      | Child’s Date of Birth:      | Child’s Home Phone Number:      |
| Child’s Home Address:      | Apt. No. (if applicable):      | City:      | County:      | State:      | Zip Code:      |
| Child’s Ethnicity:  [ ]  Hispanic [ ]  Other | Child’s Race:   [ ]  White[ ]  Black[ ]  Unable to Determine | [ ]  Asian[ ]  American Indian/Alaskan Native[ ]  Native Hawaiian/Pacific Islander |
| Primary Language Spoken:      |

| PARENT OR GUARDIAN INFORMATION  |
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| Parent or Guardian’s Name:      |
| Parent or Guardian’s Address (if different from the child's) |
| Home Address:      | Apt. No. (if applicable):      | City:      | County:      | State:      | Zip Code:      |
| Primary Language Spoken:      |

| MEDICAID HEALTH PLAN (IF APPLICABLE)   |
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| Medicaid Name:      |
| Medicaid Number:      |

| REASON FOR REFFERAL AND SUMMARY   |
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| [ ]  Current Allegations | Include details such as when the report was made, the client's response (behavioral and verbal):      |
| [ ]  Previous CPS History | Include details such as the dates, allegations, and dispositions:       |
| [ ]  Mental Health Involvement (past or current) [ ]  Yes [ ]  No | Include past/current involvement with mental health professionals including LMHA (Local Mental Health Authority), past/current medications.      |
| [ ]  Substance Abuse Involvement (past or current) [ ]  Yes [ ]  No | Include past/current involvement with substance abuse issues and include whether substance abuse issues impact the client's current situation.      |
| [ ]  Battering Intervention Involvement (past or current) [ ]  Yes [ ]  No | Include past/current participation in battering intervention; arrests or court orders by criminal or civil courts; or referral to helping professional for the use of domestic violence, child abuse, or harm to any person; and include whether there is reason to believe the person is using violence at this time.      |
| [ ]  Battering Intervention Involvement (past or current) | Include past/current involvement with mental health professionals including LMHA (Local Mental Health Authority), past/current medications.      |
| [ ]  Child/Youth Mental Health Concerns | Include past/current involvement with mental health professionals including LMHA (Local Mental Health Authority), past/current medications.      |

| WORRY STATEMENT/DESIRED BEHAVIOR CHANGE/CASE GOALS   |
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|       |

| REQUESTED SERVICES (CHECK ALL THAT APPLY)   |
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| Assessment/Evaluation:   [ ]  Psychosocial Assessment (86U)[ ]  Psychological Evaluation & Testing (86A)[ ]  Psychiatric Evaluation (86B) | Treatment:   [ ]  Individual Counseling (86C)[ ]  Family Counseling (86F)[ ]  Group Counseling (86E) | Battering Intervention & Prevention Program (BIPP):   [ ]  Domestic Violence Assessment (86K)[ ]  BIPP Intervention (86L) |
| Home Based: (not applicable in BIPP):   [ ]  Individual (88K)[ ]  Family (88K) | Support:   [ ]  Court Related Services (86H)[ ]  Diagnostic Consultation (81H) | Location of Service Delivery:   [ ]  In Office[ ]  Out of Office |

| ADDITONAL DOCUMENTATION   |
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| In addition to the completed referral form include the following documents, if applicable:   [ ]  Release of Confidential Information (Form 2063)[ ]  Child Plan of Service (CVS)[ ]  Family Plan of Service (FBSS/CVS)[ ]  Family Plan (AR)[ ]  Safety Plan (copy for BIPP providers)[ ]  Court Report[ ]  Signed and dated 2054 (STAR Health clients are not allowed to received CPS contracted purchased services/2054 must be provided even if the client has Medicaid)[ ]  Other documentation (i.e. psychological/psychiatric evaluation/counseling notes)[ ]  Psychosocial Assessment (initial assessment is provided to new providers who see same client) |

| CONFIDENTIALITY   |
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| Confidential DFPS data or sensitive personal information, including PII (Personal Identifiable Information) and PHI (Personal Health Information), transmitted over external network connections must be encrypted.<http://intranet.dfps.txnet.state.tx.us/Handbooks/Operating_Policies/COO/ISO/OP-2110.asp>DFPS values your privacy. For more information, read our [Privacy and Security Policy](https://www.dfps.state.tx.us/policies/Website/). |

| CPS CONTACT INFORMATION  |
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| CPS Caseworker Name:      | Email:      |
| Address:      | Phone Number:      | Fax Number:      |
| CPS Supervisor Name:      | Phone Number:      |