Behavioral Health Expansion Initiative: Clinical Services Referral Packet

24/7 Referral Number
(847) 255-8060

www.shelter-inc.org

Services offered:

Individual therapy, group therapy (including social skills, mindfulness skills, emotional regulation skills, and therapeutic art.)

Eligibility:

Youths through age 24 and their immediate family. Family members qualify based on the degree their mental health impacts the youth.

Intake Process:

Interested clients complete the attached referral packet and a Shelter therapist will reach out to discuss services and answer questions.

Cost:

There is no cost to recipients of BHEI services*

Shelter Youth & Family Services is supported in part by federal American Rescue Plan Act (ARPA) funds allocated to the Cook County Department of Public Health

SHELTER YOUTH & FAMILY SERVICES
SERVICE AUTHORIZATION FORM

Date of Authorization: **Check one:** Initial Authorization ☐
Re-Authorization ☐

REFERRAL INFORMATION
Check one: Agency ☐ School ☐ Individual ☐

Referral/Agency Name: _____

Contact: _____

Phone: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

CLIENT INFORMATION

Client Name: _____**Date of Birth:** _____

Gender: _____ **Preferred Pronouns:** _____

DCFS ID:_____ **Medicaid #:** _____

Caretakers Name: _____

Parent/Foster Parent: Yes ◯ No ◯ **Relative/Fictive Kin FP:** Yes ◯ No ◯

Phone: _____ **Email:** _____

Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:**

Caseworker: _____ **Phone:** _____

Supervisor: _____ **Phone:** _____

School: _____ **Grade:** _____

Services Requested:

☐ Mental Health Assessment

☐ Counseling/Therapy

◯ Individual ◯ Family ◯ Group

Payment:

◯ Subcontract

◯ Co-Pay

◯ One-Time Service

◯ Other BHEI Grant

Reason for Referral:

_____

_____

_____

Previous Clinical Interventions:

_____

_____

Summary Completed By: _____

Reports Attached: (previously sent)

Social History ☐ Psychological ☐ School Reports ☐
IEP ☐ Service Plan ☐ Court Orders ☐
Consents ☐ Previous Treatment Reports ☐ Other ☐
Integrated Assessment ☐

Please send form electronically to: jkeel@shelter-inc.org
OR
Mail to: 3227 N Wilke Rd, Suite 150, Arlington Heights, IL 60004
ATTN: Clinical Director