

MATCH Clinical Team Referral Information:

Any supporting documentation sent needs to be de-identified.

- Has a trauma screening been administered?
 - If yes, please list the screening tool and score
- Age
- Gender
- Race
- Home county
- Legal guardianship relationship (i.e. DFCS, grandmother, parents, etc.)
- If the individual is enrolled in school and what grade level
- Insurances
- Medicaid ID
- Self-Harm/Harm to Others
- Behaviors demonstrating support of undocumented diagnoses:
- Complex needs demonstrated by behaviors (trauma response behavior, sexually inappropriate behavior, excessive aggression, RAD behaviors, Conduct Disorder behaviors, Borderline Behaviors):
- Known diagnosis or diagnoses (including IDD/ASD/BH/SUD)
- IQ score
- Is assistance needed with ADL's? If so, please elaborate.
- Current medications
- Number of emergency room visits or use of mobile crisis response services for behavioral health in the past 12 months
- Approximate dates of all previous Behavioral Health hospitalizations or residential treatments
- State Agency Involvement
 - DJJ
 - DFCS
 - DCH
 - GVRA
 - Department of Corrections
 - Juvenile Court CHINS
- School Specialty Supports involved
- LIPT Involvement?
- Tier 1 and 2 public provider(s) involvement
- Tier 3 Specialty Services involvement
- Family Support Organization involvement (Certified Peer Support)
- Any physical or medical conditions
- Current or past community-based treatment
- Current placement
- Recommendation for step-up or step-down by current or most recent placement, if so, what is it?
- Additional information that would be helpful
- Purpose or what is being sought by referring to the MATCH Clinical Team
- Please attach supporting documents that may be helpful (diagnosis confirmation, discharge paperwork from previous placements, psychological summary, etc.).