Kennedy Krieger Institute
Child & Family Support Program
1750 E. Fairmount Avenue
Baltimore, MD 21231
Referral Line: 443-923-3285 Fax: 443-923-3845
Golden@kennedykrieger.org

Child/Adolescent Mental Health Services

Child Information

Name of Child Being Referred:	Date of Referral:	
KKI #:	Date of Birth:	
Social Security #:	Sex:	Race:
MA #:	Diagnosis:	

Family Information

Parent's Name:	
Guardian's Name (if applicable):	
Address:	
City:	Zip Code:
Phone 1:	Phone 2:

Insurance Information

Insurance Co. (Primary):	Policy #:
Policy Holder's Name:	Employer:
Employer's Phone #	Secondary Insurance:

Referral Information

Referral Source:	Phone:
Address:	

Services Requested

Reason for Referral:
Times of day/days of the week available for services:
Preferences for clinic-, home-, or community-based services:

Other Service Providers

Primary Care Physician:	Phone:
Other Mental Health or Medical Providers:	