



## Kennedy Krieger Institute

Child & Family Support Program

1750 E. Fairmount Avenue

Baltimore, MD 21231

Referral Line: 443-923-3285 Fax: 410-448-7366

E-mail: smithkar@kennedykrieger.org

# Child/Adolescent Mental Health Services

### Child Information

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

### Family Information

Parent's Name:		Guardian's Name (if different):
Address:		
Phone #:	E-Mail:	
Is the child in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No	DSS Worker's Name:	
DSS Worker's Phone #:	DSS Worker E-Mail:	

### Referral Information

Referral Source:
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### Services Requested

Reason for Referral:
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### Availability (times of day/days of the week available for services--specifying home-, school-, or center-based)

Option 1:
Option 2:
Option 3:
For center-based, is transportation needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
For school-based, name of school:
School address:

### Insurance Information

MA#:	MCO #:
Insurance Co. (Primary):	Policy #:
Group #:	Policy Holder's Name:
Policy Holder's Date of Birth:	Secondary Insurance:

### Other Service Providers

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