mountain
child advocacy center
hope help healing

Clinical Referral Form

Send completed form to: Referrals@mtncac.org
Phone Number for Questions: (828) 674-4759

Miranda Bingham (Clinical Family Advocate) coordinates all referrals. All questions may be directed to her via the phone number or email above.

*If you are a referring a child who has an active Foster Care or Family In Home case through Buncombe County DHHS, referral must be made by child's Social Worker.

Please complete all fields on the referral form. Referrals with missing information cannot be processed.

Date of Referral: _____ Person making referral:_____

Ph #: _____ Email Address: _____

Referral is for: ☐Child OR ☐Adult

Client's Name: _____ DOB: _____ Gender: _____

Address: _____

Primary Language: _____ Race: _____

Insurance Type: _____ Ph # (For adult referrals): _____

Name of Current Caregiver: _____ Relationship: _____

Ph #: _____ Email Address: _____

Members of Household:

Name	Age	Relationship to Child
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Availability (Days of the week & time of day) : _____

*Specific days/times cannot be guaranteed and are subject to therapist availability. Requesting after school appointment times may lead to an increased wait to begin services.

Additional Information

Reason for Referral & Symptoms (Please be as detailed as possible):

Please list relevant trauma history including any alleged abuse or neglect (Referrals involving allegations of abuse or neglect that have not been reported will not be accepted until report has been made):

Other Agencies Involved with Child/Family:

Court Involvement (DA, Family Court, Juvenile Court Services, Custody, Other):

School Involvement (special programs, problems, contact person):

Has child had a Forensic Interview? ☐No ☐Yes- Date_____

FOR OFFICE USE ONLY:

Received:_____
Called:_____
SDQ:_____
Assigned to:_____
Date Assigned:_____

Added to Apricot ☐
Referral Uploaded ☐
Intake/Re-Entry Date Correct ☐
BCDHHS Contract Checkbox ☐
1st Encounter Note ☐
Active & Assigned ☐
Assignment Encounter Note ☐

Thank you for taking the time to make this referral.

Notes: