

Families in Transition (Project FIT) Behavioral Health Network 110 Maple Street Springfield, MA 01105

Phone: 413-304-2904 / Fax: 413-737-3000

Referre	d by (Nai	<u>me & Phone Nun</u>	<u>nber):</u>						
Wayfinders					☐ ED:				
☐ Home City Housing					Crisis				
Springfield Housing					Other:				
_									
<u>Person</u>	Served Ir	nformation:							
Name:			DOB	DOB So		Social	ocial Security Number		
Address:									
Drives and	Phonos				Othor	Thomas		_	
Primary I	rnone:				Other I	none:		_	
Primary I	Language:			Race	e/Ethnici	itv:	-	_	
	Jungungu				-,		<u>-</u> .	_	
Marital Status: Married Single Unknown									
Legal gua	rdian?	Yes] No If ye	s, who?					
Reason	for refer	ral to FIT:							
1. De	escribe the	e Housing problem	?					_	
2. H	ow many l	kids in the family?							
3. W	hat is the	Behavioral health ne	ed? Who	has the	e behavio	ral heal	th need?	-	
								_	
Members	in the ho	usehold?							
Name:	Name: DOB & SSN:					elationship to Head of Household:			
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Name: DOB & SSN:			Relationship to Head of Household						
Name: DOB & SSN:			Relationship to Head of Household:						
Name:		DOB	DOB & SSN:			Re	Relationship to Head of Household:		

Agency Involvement: (list current providers) Type of Service:	Current/History of Suicidal or Homicidal Ideation? Yes No If yes, please explain:												
Other Information that might be helpful including barriers to achieving goals independently: Agency Involvement: (list current providers) Type of Service: Provider Name: Agency / Clinic: Phone: Outpatient therapist/Psychiatrist: State Agency: Housing: Probation: Other: FOR SUPERVISORS USE ONLY: Meet Criteria? Yes Assigned to: Appointment date: No			·	<u>-</u>									
Other Information that might be helpful including barriers to achieving goals independently: Agency Involvement: (list current providers) Type of Service: Provider Name: Agency / Clinic: Phone: Outpatient therapist/Psychiatrist: State Agency: Housing: Probation: Other: FOR SUPERVISORS USE ONLY: Meet Criteria? Yes Assigned to: Appointment date: No	Safety Concerns: Ves No If yes please explain:												
Agency Involvement: (list current providers) Type of Service:	THE PARTY OF THE P												
Agency Involvement: (list current providers) Type of Service:													
Type of Service: Provider Name: Agency / Clinic: Phone: Primary Care Physician: Outpatient therapist/Psychiatrist: State Agency: Housing: Probation: Other: FOR SUPERVISORS USE ONLY: Meet Criteria? Yes Assigned to: Appointment date: No	Other Information that might be helpful including barriers to achieving goals independently:												
Type of Service: Provider Name: Agency / Clinic: Phone: Primary Care Physician: Outpatient therapist/Psychiatrist: State Agency: Housing: Probation: Other: FOR SUPERVISORS USE ONLY: Meet Criteria? Yes Assigned to: Appointment date: No													
Type of Service: Provider Name: Agency / Clinic: Phone: Primary Care Physician: Outpatient therapist/Psychiatrist: State Agency: Housing: Probation: Other: FOR SUPERVISORS USE ONLY: Meet Criteria? Yes Assigned to: Appointment date: No	Agency Involvement:	(list current provider	rs)										
Outpatient therapist/Psychiatrist: State Agency: Housing: Probation: Other: FOR SUPERVISORS USE ONLY: Meet Criteria? Yes Assigned to: Appointment date: No	Type of Service:			Phone:									
therapist/Psychiatrist: State Agency: Housing: Probation: Other: FOR SUPERVISORS USE ONLY: Meet Criteria? Yes Assigned to: Appointment date: No	Primary Care Physician:												
therapist/Psychiatrist: State Agency: Housing: Probation: Other: FOR SUPERVISORS USE ONLY: Meet Criteria? Yes Assigned to: Appointment date: No													
State Agency: Housing: Probation: Other: FOR SUPERVISORS USE ONLY: Meet Criteria? Yes Assigned to: Appointment date: No	Outpatient												
Housing: Probation: Other: FOR SUPERVISORS USE ONLY: Meet Criteria? Yes Assigned to: Appointment date: No	therapist/Psychiatrist:												
Housing: Probation: Other: FOR SUPERVISORS USE ONLY: Meet Criteria? Yes Assigned to: Appointment date: No													
Probation: Other: FOR SUPERVISORS USE ONLY: Meet Criteria? Yes Assigned to: Appointment date: No	State Agency:		-										
Probation: Other: FOR SUPERVISORS USE ONLY: Meet Criteria? Yes Assigned to: Appointment date: No													
Probation: Other: FOR SUPERVISORS USE ONLY: Meet Criteria? Yes Assigned to: Appointment date: No													
Other: FOR SUPERVISORS USE ONLY: Meet Criteria? Yes Assigned to: Appointment date: No	Housing:												
Other: FOR SUPERVISORS USE ONLY: Meet Criteria? Yes Assigned to: Appointment date: No				_									
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Why?	☐ No												
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