



5050 MADISON ROAD
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www.thechildrenshomecinti.org

DIAMOND OAKS
SCHOOL-BASED COUNSELING REFERRAL PROCESS

1. School personnel contacts the student's legal guardian regarding the child's need for permission to make a referral to The Children's Home of Cincinnati for **Mental Health School Based Counseling**. School personnel completes the **Mental Health School Counseling Referral Form** (below).
2. School personnel e-mails Referral Form to The Children's Home **Resource Therapist** and copies the Diamond Oaks Counselors.
3. The Resource Therapist will contact parent to schedule initial interview to sign consents and complete treatment plan.
4. Resource Therapist will notify Diamond Oaks Counselors and referring staff when services have commenced.

MENTAL HEALTH SCHOOL-BASED COUNSELING REFERRAL

Today's Date: _____ Urgency Rating (1=highest; 2=medium; 3=low): _____

Student's Name: _____

School Contact (person making referral): _____ Phone: _____

Verbal consent from guardian for counseling (obtained by person making referral): YES: NO:

Verbal consent received from: _____

Phone number of individual from whom consent was obtained: _____

Is there a current concern regarding substance use? YES: NO: Specify substance(s): _____

****Reason for referral or brief description of mental health concern(s):

PRIMARY CONTACTS:

THERAPIST: Katie Lee, ext#

SUPERVISOR: Melissa Garcia 513-272-2800

For Office Use Only:

Notified referral source of disposition Person Notified: _____ Date notified: _____

Disposition: Student receiving services Not interested in services Unable to reach parent No showed for appointment(s)

Other: _____

Student's Social Security number: _____

Insurance Type: _____

Insurance ID#: _____

Insurance phone number: _____