

Questionnaire: Single Assessment Referral Request

Instructions: Please complete this questionnaire to request an assessment for a child who may be in need of medium to high intensity services. Once submitted, Acentra Health will contact the member or their guardian directly to schedule a time to conduct the assessment.

Submission Validation

1.Does the child have MaineCare?

(Please select one.)

- Yes
- No

1.1.1.What is the MaineCare number?

1.2.1.Is a MaineCare application in process?

(Please select one.)

- Yes
- No

2.Does the child have a Care Coordinator or a Case Manager?

(Please select one.)

- Yes
- No
- Unknown

3.Is youth in DHHS custody?

(Please select one.)

- Yes
- No

3.1.1.Is the member in DHHS custody or DOC custody?

(Please select one.)

- DHHS
- DOC

4.Is youth in an indeterminant commitment?

(Please select one.)

- Yes
- No
- Unknown

Referent Details

1.Select the Referent's relationship to youth

(Please select one.)

- BHH
- Care Coordinator
- Child Welfare Guardian
- MH Provider
- Other
- PCP
- School
- State of Maine Department
- TCM

1.6.1.Please describe relationship to youth

1.9.1.State of Maine Department

(Please select one.)

- OMS
- OCFS
- CBHS
- DOC
- School Employee
- Other

1.9.1.7.1.Enter the Department of the responsible state employee

2.Referent First Name

3.Referent Last Name

4.Referent Address

5.Referent Phone Number

6.Referent E Mail Address

7.Is the guardian aware of this referral?

(Please select one.)

- Yes
- No
- Unknown

8.Best time to reach the family to schedule?

Reason for Single Assessment Request

1.Child events experienced within past 6 months

(Please select between 1 and 9 items.)

- Mobile Crisis Visit
- Behavioral Health Emergency Visit
- Crisis Stay
- Crisis Stay
- Suicide attempt within the last 6 months
- School removal related to behavior (e.g. suspension, being sent home, or expulsion)
- CRCF stay within the last year
- Psychiatric Stay within the last year
- Long Creek
- Other significant concern

1.10.1.Please specify other significant event of concern

2.Behaviors within the last six (6) months

(Please select between 1 and 11 items.)

| | | | | | | | | | | |
|--|--|--|--------------------------|--------------------------|--------------------------|-----------------------------|---|---|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-suicidal self-injury (e.g. cutting, burning) | Property damage causing safety risks or disruption | Physical Aggression or violence towards others | Elopement/Bolting | Fire-starting or abuse | Animal cruelty | Problematic sexual behavior | Significant school disruption (e.g. frequent removals from class, inability to participate in learning) | Cognitive or adaptive function challenges (these are challenges that affect the child's ability to stay safe, follow directions, or manage daily) | Legal involvement | Other concerning behavior |

routines)

3. Please describe the selected behaviors

Instructions: Please add any other information about why the child needs access to a medium to high-intensity service.
4. Indicate any additional information

Member Demographics

1. Current Location (Type)

(Please select one.)

- Child Residential Care Facility (CRCF)
- Crisis Unit
- Emergency Department
- Foster Care
- Home
- Long-Creek
- Other
- Out of State Residential Care Facility (CRCF)
- Psychiatric Hospital
- Shelter

1.8.1. Please Identify

2. Current street number and street name

3. City of Residence

(Please select one.)

- Out of State CRCF
- Out of State PRTF
- Abbot
- Acton
- Addison
- Albion
- Alexander
- Alfred
- Allagash
- Alna
- Alton
- Amherst
- Amity
- Andover
- Anson
- Appleton
- Argyle
- Arrowsic
- Ashland
- Athens
- Auburn
- Augusta

- Augusta
- Aurora
- Avon
- Baileyville
- Bancroft
- Bangor
- Bar Harbor
- Baring
- Bath
- Beals
- Beaver Cove
- Beddington
- Belfast
- Belgrade
- Belmont
- Benedicta
- Benton
- Berwick
- Bethel
- Biddeford
- Bingham
- Birch Harbor
- Blaine
- Blanchard
- Blue Hill
- Boothbay
- Boothbay Harbor
- Bowdoin
- Bowdoinham
- Bowerbank
- Bradford
- Bradley
- Bremen
- Brewer
- Bridgewater
- Bridgton
- Brighton
- Bristol
- Brooklin
- Brooks
- Brooksville
- Brookton
- Brownfield
- Brownville
- Brownville Junction
- Brunswick
- Buckfield
- Bucksport
- Burlington
- Burnham
- Buxton
- Calais
- Cambridge
- Camden
- Canaan
- Canton
- Cape Elizabeth
- Cape Neddick
- Caribou
- Carmel
- Casco
- Castine
- Castle Hill
- Caswell
- Chapman
- Charleston
- Chahabonee Island

- ~ Chebeague Island
- Cherryfield
- Chesterville
- China
- Clinton
- Columbia
- Columbia Falls
- Cooper
- Corinna
- Corinth
- Cornish
- Cranberry Isles
- Cumberland
- Cushing
- Cutler
- Dallas Plantation
- Damariscotta
- Danforth
- Dedham
- Deer Isle
- Denmark
- Dennysville
- Detroit
- Dexter
- Dixfield
- Dixmont
- Dover-Foxcroft
- Dresden
- Durham
- Eagle Lake
- East Machias
- East Millinocket
- Eastbrook
- Easton
- Eastport
- Eddington
- Edgecomb
- Eliot
- Ellsworth
- Embden
- Enfield
- Etna
- Eustis
- Exeter
- Fairfield
- Falmouth
- Farmingdale
- Farmington
- Fort Fairfield
- Fort Kent
- Frankfort
- Franklin
- Freedom
- Freeport
- Frenchboro
- Frenchville
- Friendship
- Fryeburg
- Gardiner
- Garland
- Georgetown
- Glenburn
- Gorham
- Gouldsboro
- Grand Isle
- Gray
- Greenbush

~ Greenough
○ Greene
○ Greenville
○ Greenwood
○ Guilford
○ Hallowell
○ Hampden
○ Hancock
○ Hanover
○ Harmony
○ Harpswell
○ Harrington
○ Harrison
○ Hartland
○ Haynesville
○ Hebron
○ Hermon
○ Hiram
○ Hodgdon
○ Holden
○ Hollis
○ Hope
○ Houlton
○ Howland
○ Hudson
○ Industry
○ Island Falls
○ Islesboro
○ Jackman
○ Jay
○ Jefferson
○ Jonesboro
○ Jonesport
○ Kenduskeag
○ Kennebunk
○ Kennebunkport
○ Kingfield
○ Kittery
○ Kittery Point
○ Lagrange
○ Lakeville
○ Lebanon
○ Lee
○ Leeds
○ Levant
○ Lewiston
○ Liberty
○ Limerick
○ Limestone
○ Limington
○ Lincoln
○ Lincoln Plantation
○ Lincolnville
○ Lisbon
○ Lisbon Falls
○ Litchfield
○ Littleton
○ Livermore
○ Livermore Falls
○ Long Island
○ Lovell
○ Lubec
○ Machias
○ Machiasport
○ Madawaska
○ Madison
○ Monhegan

- **Amherst**
- Mapleton
- Mars Hill
- Masardis
- Mattawamkeag
- Mechanic Falls
- Medway
- Mexico
- Milbridge
- Milford
- Millinocket
- Milo
- Minot
- Monmouth
- Monroe
- Monson
- Monticello
- Morrill
- Mount Desert
- Mount Vernon
- Naples
- New Canada
- New Gloucester
- New Limerick
- New Portland
- New Sharon
- New Sweden
- New Vineyard
- Newcastle
- Newfield
- Newport
- Newry
- Nobleboro
- Norridgewock
- North Berwick
- North Haven
- North Yarmouth
- Northport
- Norway
- Oakfield
- Oakland
- Ogunquit
- Old Orchard Beach
- Old Town
- Orland
- Orono
- Osborn
- Otis
- Otisfield
- Owls Head
- Oxford
- Palermo
- Palmyra
- Paris
- Parsonsfield
- Passadumkeag
- Patten
- Pembroke
- Penobscot
- Perham
- Perry
- Peru
- Phillips
- Phippsburg
- Pittsfield
- Pleasant Ridge Plantation
- **Presque Isle**

- **R**aymond
- Poland
- Portage Lake
- Portland
- Pownal
- Presque Isle
- Princeton
- Prospect
- Randolph
- Rangeley
- Raymond
- Readfield
- Richmond
- Ripley
- Robbinston
- Rockland
- Rockport
- Rome
- Roque Bluffs
- Roxbury
- Rumford
- Sabattus
- Saco
- Saint Agatha
- Saint Albans
- Saint Francis
- Sanford
- Sangerville
- Scarborough
- Searsmont
- Searsport
- Sebago
- Sebec
- Sedgwick
- Shapleigh
- Sherman
- Shirley
- Sidney
- Skowhegan
- Smithfield
- Smyrna
- Solon
- Somerville
- Sorrento
- South Berwick
- South Bristol
- South Portland
- South Thomaston
- Southport
- Southwest Harbor
- Springfield
- Standish
- Starks
- Stetson
- Steuben
- Stockholm
- Stockton Springs
- Stoneham
- Stonington
- Stow
- Strong
- Sullivan
- Sumner
- Surry
- Swans Island
- Sweden
- Tamala

— Temple
○ Thomaston
○ Thorndike
○ Topsfield
○ Topsham
○ Tremont
○ Trenton
○ Troy
○ Turner
○ Union
○ Unity
○ Van Buren
○ Vanceboro
○ Vassalboro
○ Veazie
○ Verona Island
○ Vienna
○ Vinalhaven
○ Wade
○ Waldoboro
○ Wallaglass
○ Warren
○ Washburn
○ Washington
○ Waterboro
○ Waterford
○ Waterville
○ Wayne
○ Webster Plantation
○ Weld
○ Wellington
○ Wells
○ Wesley
○ West Bath
○ West Gardiner
○ West Paris
○ Westbrook
○ Westfield
○ Westmanland
○ Westport Island
○ Whitefield
○ Whiting
○ Whitneyville
○ Wilton
○ Windham
○ Windsor
○ Winthrop
○ Wiscasset
○ Woodland
○ Woolwich
○ Yarmouth
○ York

3.2.1.Indicate the City of the Out of State CRCF

3.2.2.Indicate the State of the Out of State CRCF

3.3.1.Indicate the City of the Out of State PRTF

3.3.2.Indicate the State of the Out of State PRTF

4.Zip Code

Min/Max - 0/10000; No decimal places allowed

5.Is there child welfare involvement?

(Please select one.)

- Yes
- No
- Unknown

6.Is there Department of Corrections involvement?

(Please select one.)

- Yes
- No
- Unknown

7.Does the member require an interpreter in their preferred language of care?

(Please select one.)

- Yes
- No
- Unknown

7.2.1.Please select the member's preferred language of care

(Please select one.)

- Arabic

- Chinese (Mandarin/Cantonese)

- French

- Portuguese

- Somali

- Spanish

- Swahili

- Vietnamese

- Other

7.2.1.2.1.Does the member have a preferred dialect or regional variation of this language?

(Please select one.)

- Yes

- No

- Unknown

7.2.1.2.1.1.Please specify the dialect or variation

7.2.1.3.1.Does the member have a preferred dialect or regional variation of this language?

(Please select one.)

- Yes

- No

- Unknown

7.2.1.3.1.1.1.Please specify the dialect or variation

7.2.1.4.1.Does the member have a preferred dialect or regional variation of this language?

(Please select one.)

- Yes

- No

- Unknown

7.2.1.4.1.1.1.1.Please specify the dialect or variation

7.2.1.5.1.Does the member have a preferred dialect or regional variation of this language?

(Please select one.)

- Yes
- No
- Unknown

7.2.1.5.1.2.1.Please specify the dialect or variation

7.2.1.6.1.Does the member have a preferred dialect or regional variation of this language?

(Please select one.)

- Yes
- No
- Unknown

7.2.1.6.1.2.1.Please specify the dialect or variation

7.2.1.7.1.Does the member have a preferred dialect or regional variation of this language?

(Please select one.)

- Yes
- No
- Unknown

7.2.1.7.1.2.1.Please specify the dialect or variation

7.2.1.8.1.Does the member have a preferred dialect or regional variation of this language?

(Please select one.)

- Yes
- No
- Unknown

7.2.1.8.1.2.1.Please specify the dialect or variation

7.2.1.9.1.Does the member have a preferred dialect or regional variation of this language?

(Please select one.)

- Yes
- No
- Unknown

7.2.1.9.1.2.1.Please specify the dialect or variation

7.2.1.10.1.Please specify

Guardian Information

1.Guardian 1: First Name

2. Guardian 1: Last Name

3. Guardian 1: Phone Number

4. Guardian 1: Email Address

5. Guardian 2: First Name

6. Guardian 2: Last Name

7. Guardian 2: Phone Number

8. Guardian 2: Email Address

Education

1. Name of most recent school

2. Current Grade Level

(Please select one.)

- Kindergarten
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade
- Freshman (9th Grade)
- Sophomore (10th Grade)
- Junior (11th Grade)
- Senior (12th Grade)

3. Does the youth have an IEP?

(Please select one)

Please

3.1.1 Indicate the area of disability noted in the IEP

1. Indicate the area of disability noted in
(Please select between 1 and 3 items.)

(Please select between 1 and 3 items.)

4 Rev. of the month, 1859. Vol. 2

4. Does the youth have

(Please)

1. Indicate the area of disability in the 50

(Please select between 1 and 3 items.)

Behavioral Health ID/DD MH ID/DD
