

# ADULT RESIDENTIAL LIVING REFERRAL FORM

Please Check Level of Care:

ARL (Proj. Transition)     RTFA     CRR/HOST HOME     CRR

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## DEMOGRAPHICS

CLIENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

REFERRING FACILITY/AGENCY: \_\_\_\_\_ LEVEL OF CARE: \_\_\_\_\_  
(Acute inpatient, BHRS, FBS, Family Court, OP, etc)

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CURRENT PLACEMENT: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(Hospital Social Worker, BHRS Case Manager, ICM, etc)

PHONE # & EMAIL: \_\_\_\_\_

LEGAL GUARDIAN: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
(Biological parent, aunt, uncle, foster parent, etc)

PHONE#: \_\_\_\_\_

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## AGENCY INVOLVEMENT

DHS STATUS: \_\_\_\_\_  
(Investigation, Supervision, Commit-Parent Retains Rights/Parental Rights Terminated)

DHS WORKER: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ NCD: \_\_\_\_\_

CUA WORKER: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ NCD: \_\_\_\_\_  
(Include agency)

CHILD ADVOCATE ATTORNEY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CHILD ADVOCATE SOCIAL WORKER \_\_\_\_\_ PHONE #: \_\_\_\_\_

PROBATION STATUS: \_\_\_\_\_  
(Adjudicated delinquent, Adjudicated deferred, etc)

PROBATION OFFICER: \_\_\_\_\_ PHONE #: \_\_\_\_\_ NCD: \_\_\_\_\_

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CASE MANAGER & AGENCY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

INTELLECTUAL DISABILITY: Y / N    IQ: \_\_\_\_\_

STATUS OF IDS REGISTRATION (if applicable): \_\_\_\_\_

SUPPORTS COORDINATOR & AGENCY: \_\_\_\_\_

REFERRING CARE MANAGER: \_\_\_\_\_ EXT: \_\_\_\_\_ DATE: \_\_\_\_\_

## Clinical Rationale

1. Briefly describe the clinical and adaptive skill development goals for requesting Adult Residential Living treatment (*please list concrete, measurable goals that would not be achieved without Adult Residential Living*):
2. What other levels of care have been utilized? Does the individual want to participate in Adult Residential Living?
3. Describe the care management plan to transition the individual out of adult residential living once treatment goals have been achieved (please list measurable criteria):
4. Given the Adult Residential Living focus on independence, are there any factors that may inhibit the individuals treatment success (IE. aggression, intellectual disability, substance use, etc.)? If so, please explain how those barriers are able to be addressed adequately in adult residential living?

This form, along with a Comprehensive Biopsychosocial Psychiatric Evaluation can be emailed securely to [CBHCSS@phila.gov](mailto:CBHCSS@phila.gov)