



**Sunrise Children's Services
Provider Referral Form**

Danville Phone: 859-936-3482 Fax: 502-538-1112
Elizabethtown Phone: 270-769-6841 Fax: 270-769-6843
Madisonville Phone: 270-874-2560 Fax: 270-825-8081
Owensboro Phone: 270-926-2484 Fax: 270-685-6015
Pikeville Phone: 606-437-9500 Fax: 606-437-0940

Child's Name: _____ Referral Date: _____
Sex: Male Female Date of Birth: _____
SSN: _____

Custody of: Parent DCBS DJJ Other: _____
Name: _____
Address: _____ Phone: _____

School: _____ Grade: _____

Referred by (Agency/Contact Person) _____
Phone: _____

Checklist for Eligibility

Check One

- Yes No Not Sure
- Yes No Not Sure

Criteria

- Does the child have a medical card? Med #: _____
- Does the child have a mental health diagnosis? If so what is the diagnosis?

- Has the child been having difficulties in the home, school, or community for at least the last 6 months?
 Yes No Not Sure

Reason for Referral (Check all that apply)

| School | Home | Community |
|--|--|---|
| <input type="checkbox"/> Frequent disciplinary referrals <input type="checkbox"/> Sporadic disciplinary referrals <input type="checkbox"/> History of suspensions <input type="checkbox"/> Physically aggressive <input type="checkbox"/> Destructive of property <input type="checkbox"/> Truancy <input type="checkbox"/> Theft <input type="checkbox"/> Dishonesty <input type="checkbox"/> Defiant Behavior <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Impulsivity <input type="checkbox"/> Attention Problems <input type="checkbox"/> Unusual fears or anxiety <input type="checkbox"/> Difficulty with peer relations <input type="checkbox"/> Social withdrawal or isolation <input type="checkbox"/> Sadness/Depression <input type="checkbox"/> Poor self care/hygiene <input type="checkbox"/> Irritability <input type="checkbox"/> Mood swings <input type="checkbox"/> Appetite problems <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Poor grades | <input type="checkbox"/> Requires frequent discipline <input type="checkbox"/> Defies adults requests <input type="checkbox"/> Noncompliant with chores <input type="checkbox"/> Physically Aggressive <input type="checkbox"/> Destructive to property <input type="checkbox"/> Theft <input type="checkbox"/> Dishonesty <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Impulsivity <input type="checkbox"/> Attention Problems <input type="checkbox"/> Unusual fears or anxiety <input type="checkbox"/> Social withdrawal or isolation <input type="checkbox"/> Sadness/depression <input type="checkbox"/> Poor self care/hygiene <input type="checkbox"/> Irritability <input type="checkbox"/> Mood swings <input type="checkbox"/> Appetite Problems <input type="checkbox"/> Sleeping difficulties <input type="checkbox"/> Difficulty with sibling relations | <input type="checkbox"/> History of vandalism <input type="checkbox"/> History of theft <input type="checkbox"/> Physically aggressive <input type="checkbox"/> Sexually promiscuous <input type="checkbox"/> History of substance abuse <input type="checkbox"/> Sexually abusive <input type="checkbox"/> Involvement with cult or gang <input type="checkbox"/> Fire setting behaviors <input type="checkbox"/> Seeks negative peers <input type="checkbox"/> Runs away <input type="checkbox"/> Other legal problems Other Concerns _____ _____ _____ _____ _____ _____ |

Other difficulties: _____

Staff Signature and Credentials

Date