MC3 Behavioral Resource Specialist Referral

PARENT INFORMATION					
Name		Date of Birth		☐ Birth-26 ☐ Perinatal	
Phone #		Address		Zip Code	
Race	☐ Alaska Native ☐ Asian ☐ Black/African American ☐ Middle Eastern ☐ Native American ☐ White				
Ethnicity	☐ Hispanic/Latino	Medicaid ID:			
Sex	◯ Male ◯ Female ◯ Transgender ◯ Non-binary ◯ Prefer Not to Respond				

CHILD INFORMATION			
Name	Date of Birth	Medicaid ID	Insurance

AREAS OF CONCERN

- ☐ Resources
- ☐ Water
- ☐ Utility Assistance
- ☐ Transportation
- ☐ Social Security
- ☐ Food
- ☐ Housing
- ☐ Anxiety
- ☐ Depression
- ☐ Disruptive Behavior
- ☐ Autism
- ☐ ADHD
- ☐ Eating Disorders
- ☐ Trauma
- ☐ Psychosis
- ☐ Postpartum Depression
- ☐ Attachment Concerns

Other:

REASON FOR REFERRAL

CONTACT INFORMATION (Referring Agency)					
Date		Referring Clinic		Primary Care Provider	
Staff Name		Phone		Email	

Fax referral form to: 810.496.5768

For program inquiries, contact the MC3 Behavioral Resource Specialist:
Call: 810.241.6491 or 810.257.3777 Email: MC3Referrals@genhs.org