

RPG4 Program Referral Form

Referrer Contact Information

Today's Date _____	Name of Referrer _____
Referrer Contact Information (Phone Number/Email Address) _____	
Did you hear about this program from someone within Seasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who did you hear about it from? _____	

Please attach a release of information

If the child is not in custody of his/her parents(s), a copy of the court order appointing guardianship, and ability to sign consent/intake paperwork will be required.

Child Information

Name _____	Date of Birth _____	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Anasazi Number _____			
Address _____	City _____	State _____	Zip Code _____
Phone Number _____	Insurance Information MCO: <input type="checkbox"/> Amerigroup <input type="checkbox"/> IME <input type="checkbox"/> United Healthcare Medicaid Number _____ <input type="checkbox"/> Other (BCBS, private insurance): _____		
Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide name and phone number below.)			
Guardian Name(s) & Phone Number _____			

****Counties eligible: Calhoun, Carroll, Cherokee, Crawford, Ida, Monona, Plymouth, Pocahontas, Sac, & Woodbury****

Program Eligibility:

To be eligible for the RPG Program, client(s) must answer **Yes to all three questions below:**

- Does the client/family have current or past history with DHS **OR** is the client/family at risk for child welfare involvement?
 *This can include an Open Case, Child Abuse Assessment or Family Assessment (Differential Response)
☐ Yes
 ☐ Current
 ☐ Past – Date(s): _____
 ☐ At Risk
☐ No
- Is there current or past suspected Substance Use/Abuse by a parent or caregiver?
☐ Yes ☐ No
- Has the child been exposed to trauma in any setting?
 *This includes ACEs: Abuse, Neglect, Violence, Substances, Divorce, Mental Illness, Incarcerated Parent, Other
☐ Yes ☐ No

OVER →

Has the client ever been a victim of a crime? If yes, please provide the date and describe the crime:
What services is the client currently receiving from Seasons Center or another agency?
Other important information regarding referred child/family:
Is it safe to leave a message for the client at the number provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is it safe to mail information to the client at the home address provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this client need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for which language? _____

Completed form and release can be emailed to rpg@seasonscenter.org

Office use only:

Date Received _____

Care Coordinator Assigned _____

Paperwork Needed

☐ Spreadsheet ☐ Assigned Case # ☐ Save ☐ Scan