

North Star Behavioral Health Services

31 Sixth St., P.O. Box 608
Malone, New York 12953
Phone: 518-481-5746
Fax: 518-481-5289



CITIZEN ADVOCATES, Inc.
NORTH STAR FAMILY OF SERVICES

70 Edgewood Road PO Box 1270
Saranac Lake, NY 12983
Phone: 518-891-2319
Fax: 518-891-2621

Children's Respite Care Referral

Child's Name: _____ DOB: _____ Age: _____

Parent/Guardian Name(s) & Relationship _____

Address: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

*****Authorization for Release of Information Form must be submitted with Referral Packet.*****

Referral Source:

Name & Title: _____ Date: _____

Agency: _____ Phone#/Fax #: _____

Please list Parent and Provider's reason for referral: _____

Interested in: Hourly Respite: Yes No Planned/Overnight Respite: Yes No

Health Information:

Primary Care Physician: _____ Phone Number: _____

Mental Health Provider Name: _____ Phone Number: _____

Medications: _____

Allergies: _____

Diagnosis/History of Hospitalization: _____



Does the child have a history of violent/risky behaviors (Check all that apply):

- Physical aggression toward self/others
- Sexual/inappropriate touching/contact
- History of trauma
- Delinquent behavior (i.e., stealing)
- Substance Abuse/use
- Fire Setting

Please describe violent/risky behaviors checked:

Where do these behaviors occur? _____

Does the child have special transportation needs? _____

Any history of unsafe behaviors in a vehicle or with transport?

Does the child currently have a Wellness/Safety Plan?

YES (If yes, please attach a copy) NO

If no, can the RS Coordinator/Provider develop a plan for safety prior to service hours?

YES NO

List other community agencies working with family: _____

<u>Agency</u>	<u>Provider Name</u>	<u>Phone #</u>

Please deliver/fax referral to Children's Respite Coordinator:
31 Sixth Street; P.O. Box 608; Malone, NY 12953; 518.481.5289(fax)

