

Connecticut Department of Children and Families
DMHAS Young Adult Services Program Referral

DCF-787
 12/2021 (Rev.)



General Information	
Area Office:	Date Referral Completed:
AO DMHAS Liaison:	Liaison Phone #:

DCF Contact Information	
DCF Social Worker:	DCF Social Worker Phone #:
DCF Social Work Supervisor:	DCF Social Worker Supervisor Phone #:
DCF Program Supervisor:	DCF Program Supervisor's Phone #:

Client Information			
First Name:		Last Name:	
Case Link #:	Person ID Link #:	DOB:	Age at Time of Referral:
Gender:	Race:	Hispanic:	Primary Language:

Social Security Information	
Receiving SSI:	SSI Application Status:

Guardian Information		
Legal Status:		Legal Guardian Name:
Legal Guardian Phone #:		Legal Guardian Email:
Address:		
City:	State:	Zip:

Placement Information		
Current Placement:		Foster Parent/ Primary Contact Phone #:
Name of Foster Parent/Primary Contact:		
Address:		
City:	State:	Zip:
If not at home, are there plans for reunification?		

Educational Information		
Current Grade:	Nexus:	Graduation Date (Month/Year):
Post High School Planning:		
Date of Most Current IEP:		Date of Most Current IQ Scores:
IQ Test Administered:		Score(s):
If IQ Score<70 was a referral submitted to Department of Developmental Services (DDS)?		

Acquired/Traumatic Brain Injury Information (ABI/TBI) (If yes, you must submit supporting documentation)
Has the youth had a head or brain injury?

Legal Information	
Legal Issues:	Legal Guardian Name:
On Probation:	Probation End Date: Megan's Law:
Probation Officer's Name:	Probation Officer's Contact:
Comments / Conditions of Probation:	

First Name:	Last Name:
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Current Diagnosis / Mental Health Needs (Include documentation with referral)	
Diagnosed by:	Date of Diagnosis:
Primary Diagnosis:	
Does client have a co-occurring Autism Spectrum Disorder? If yes, has a referral been made for ASD Waiver?	
Other Diagnostic Considerations:	

Current Medications	
Prescribed by:	
Medication(s) - one per box	
1.	2.
3.	4.
5.	6.
7.	8.

Additional Notes (e.g., Developmental History, Clinical Formulation, etc.)