

## SCCMHA REQUEST FOR SERVICES FORM

Use this form to request services or an increase/change of services from SCCMHA.

**Services Are Court Ordered: Yes**  **(if yes attach order)** **Date form submitted:** \_\_\_\_\_

Please submit completed form to the Central Access and Intake (CAI) Department of Saginaw County Community Mental Health Authority (SCCMHA): CAI 500 Hancock Street, Saginaw, MI 48602; fax (989) 797-3477; questions (989) 797-3559

1. Type of services being requested		
Child, Youth, or Infant Mental Health Services (Case Management, Therapy, Psychiatry, Wraparound, etc.) <input type="checkbox"/> <b>**Please fill out reverse side of this form</b> Please Specify:	<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;"> <input type="radio"/> OR <input type="radio"/> </div> Adult Mental Health Services (Case Management, Therapy, Psychiatry, etc.) <input type="checkbox"/>  Please specify:	<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;"> <input type="radio"/> OR <input type="radio"/> </div> Services for Individuals with Intellectual or Developmental Disabilities (Support Coordination Services) <input type="checkbox"/>  Please Specify:
2. Person making request	3. Contact information for person making request	
Name and Title (if applicable):   Can we contact you for more information? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mailing:  Email:	Ph:  Fax:
4. Information about the person/family services are being requested for <span style="float: right;"><i>Attach additional page if needed</i></span>		
Requesting services for (name of child/youth/individual):	Date of Birth:	Age:
<b>Contact Information for Individual being referred:</b> (please indicate which is preferred method of contact) Home/Main Ph: _____ Cell/Work/Alternate Ph: _____ Home Address: _____ Mailing Address: _____		
<b>Name(s) of Parent(s)/Legal Guardian(s) if applicable:</b> (include biological/adoptive parents that have not had their rights removed) Household 1:  Household 2:  <b>Name(s) of Foster Parent(s) (if applicable):</b>		
<b>Contact Information for parent(s)/guardian(s)if applicable:</b> (please indicate which is preferred method of contact) Home/Main Ph: _____ Cell/Work/Alternate Ph: _____ Home Address: _____ Mailing Address: _____		
5. Reason for request of service and/or increase in intensity of service:		
<i>Attach additional page if needed</i>		

ADMINISTRATIVE USE ONLY (PLEASE DO NOT WRITE BELOW THIS LINE)	
Disposition of referral: Orientation Appointment: Assigned Primary Case Holder:  Notes:	Approved for Services: Yes <input type="checkbox"/> No <input type="checkbox"/> Assigned Agency/Provider: Contact Information:
<b>Was the person making request notified in regards to who is assigned to the case? Yes <input type="checkbox"/> No <input type="checkbox"/></b> <b>If no, please indicate why:</b>	

## Functional Behavior Problems of Youth

*Please indicate all that currently (within last 90 days) apply to this youth.  
Information will assist with eligibility determination and program matching.*

### School-Specific Problems:

- Ignores instruction or violates rules much more than other children
- Misses school once every other week or more
- Grades are failing (or near-failing)
- Is in a special program and still has behavioral problems
- Behaves in a way that risks expulsion

### Legal Problems:

- Committed a felony
- Is involved with juvenile system and violates probation
- Frequently commits misdemeanors

### Home-Specific Problems:

- Is extremely oppositional or defiant toward caregivers
- Deliberately destroys the home structure, furnishings or significant objects of other household members
- Runs away

### Substance Use:

- Child is 12 or under and has done more than "try" a substance once in the last few months
- Uses alcohol or marijuana once a week or more
- Youth drinks alone
- Youth uses any prescription drugs, over-the-counter drugs, or other substances in an effort to get high (e.g. "huffing," drinking cough syrup, taking medications in ways not prescribed)
- Any behaviors related to substance use that put the youth themselves or others at risk

### Possible Brain-Based Problems:

- Sees or hears things that aren't there
- Is incoherent when speaking
- Becomes preoccupied with topics that they "can't get out of their head"
- Has episodes of extreme confusion

### Interpersonal Problems:

- Is mean, coercive, or intimidating toward other people or toward animals
- Is physically assaultive
- Is sexually assaultive, intimidating, or inappropriate
- Has extreme temper tantrums
- Has noticeably withdrawn from friends
- Is disliked by many children and adults

### Apparent Emotional Problems:

- Typically appears sad, anxious, or irritable
- Experiences panic attacks
- Doesn't show any emotion at all
- Is unable to do ordinary activities without receiving extensive comfort and reassurance from caretakers
- Drops out or stops participating in fun activities
- Is frequently lethargic or tired
- Is noticeably losing or gaining weight
- Has been impacted by a traumatic event

### Dangerous Behaviors:

- Plays with fire
- Commits actions that jeopardize the safety of others
- Does things that result in need for intervention for the child's own safety (e.g. banging head into brick wall)
- Says they want to die or "don't want be here anymore"
- Any expression of a plan to commit suicide (even if the plan is unlikely to be lethal)
- Deliberate actions of serious harm to self
- Highly dangerous behaviors with no regard for self-preservation (e.g. darting into traffic despite seeing cars present)

### Other Behaviors of Concern:

- \_\_\_\_\_
- \_\_\_\_\_