

**Mental Health
Community Centers**

Support Starts Here.

240 B South Tuttle Ave

Sarasota, FL 34237

PH: (941) 953-3477 • FAX: (941)954-4541



Mental Health Support Services Referral

Client Name:		Date of Referral:		Gender:	
Age:	DOB:	SSN:	Race:		
Current Residence:					
Home Phone:		Cell Phone:			
Emergency Contact:		Relationship to Client:			
Work Phone:		Cell Phone:			
Address:					
Legal Guardian Contact:		Relationship to Client:			
Work Phone:		Cell Phone:			
Address:					
Referring Agency include full mailing address:	Worker / Title:				
	Phone:				
	Email:				
Current diagnosis (Must be an Axis I Dx)		Physical Limitations:			
Reason for Referral	Choose: PPsychosocial Rehabilitation Educational Center <i>For peer support groups and recovery education</i> Supported Employment <i>For assistance in securing and maintaining employment</i> Peer Assisted Liaison Program <i>For one-to-one recovery support, advocacy and mentoring</i>				
Synopsis of Current Mental Status: Including risks identified regarding staff performing initial evaluation.					
Current medication regimen:					
The client's current diagnosis and Comprehensive assessment must accompany this referral.					
(For psychiatrists, psychologists, LPC's and LCSW's): According to my evaluation I certify that client is in need of services provided by Mental Health Community Centers, and meets MHCC's membership criteria. Typed name creates a binding signature on this form.					
Signature:		Title:		Date:	

4 Locations:

Prospect House, Sarasota • Beacon House, Venice • Selby House, Arcadia • Anchor House, North Port