



## Crisis Aftercare Program Referral

**If you have concerns about the safety of a youth due to a mental health emergency, please contact the Maine Crisis Line 1-888-568-1112**

Please Fax Form to The Opportunity Alliance – Mobile Crisis Outreach: (207) 874-2371

**Please attach recent assessment/evaluation if possible. You may call program clinician Chris Holloway at 207-747-8139 with questions or additional referral information.**

Who is Referring?

Name:

Agency/Organization:

Phone #:

Client First/Last Name <i>(legal)</i> :	DOB: Age:
Client Chosen/Preferred Name <i>(if applicable)</i> :	Pronouns <i>(if known)</i> :
Address (with town/city): Okay to send correspondence?	Referral Date: Referral Time:
Primary Contact/Phone #: Ok to leave message?	Secondary Phone#: Okay to leave message?
Primary Legal Guardian Name:	Relationship Type: Phone # <i>(if different than above)</i> Okay to leave message?
Additional Legal Guardian Name:	Relationship/Type: Phone # <i>(If different than above)</i> : Okay to leave message?

**Presenting Concerns (Please select all that apply):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Suicidal Thoughts   | <input type="checkbox"/> Depression/Anxiety     | <input type="checkbox"/> Anger/Impulse Control         |
| <input type="checkbox"/> Self-Injurious Acts | <input type="checkbox"/> Bullying/Relationships | <input type="checkbox"/> Substance Use/Risky Behaviors |
| <input type="checkbox"/> Home Life Stressors | <input type="checkbox"/> School Stressors       | <input type="checkbox"/> Other:                        |

**Presenting Concerns:**