

HOME BASED CRISIS INTERVENTION (HBCI) REFERRAL FORM

Home Based Crisis Intervention (HBCI) serves clients ages 5 to 18 living in Dutchess and Ulster Counties who are at risk for inpatient hospitalization due to concerns related to safety to self or other(s), or a significant decline in functioning at home, school, or in the community. If the client does not present with safety risks, include below why the family would benefit from crisis treatment services. HBCI has the best outcomes when the client and caregivers participate for 6-weeks with a minimum of two 90-minute in-home visits per week.

Please email the completed form to HBCIprogram@astorservices.org. Case consultations are available with the HBCI Program Supervisor by calling (845) 554-1365 ext. 101 or emailing HBCIprogram@astorservices.org.

Client Name:

DOB:

Parent/Guardian:

Address:

Home Number:

Cell Number:

Diagnosis:

Medications:

Referent Name/Agency:

Referent Telephone:

Referral Date:

INFORMATION ABOUT THE REASON FOR REFERRAL, INCLUDING SYMPTOMS/ BEHAVIORS CONTRIBUTING TO CURRENT RISK FOR INPATIENT HOSPITALIZATION OR OUT-OF-HOME PLACEMENT:

Family Strengths:

Family's Identified Concerns:



Please select (X) and describe crisis behaviors of concern occurring in the **PAST TWO WEEKS:**

| X | Behavior | Description |
|----------|------------------------------------|--------------------|
| | Suicidal thoughts and/or behaviors | |
| | Self-injuring behaviors | |
| | Physical aggression | |
| | Other high-risk behaviors | |
| | Significant decline in functioning | |
| | Family conflict | |
| | Other symptoms / behaviors | |

Behavioral health and/or community services currently or recently utilized by client or family.

Please select (X), indicate participants, and describe:

| X | Service | Description (name of organization/agency, provider, estimated dates, etc.) |
|----------|-----------------------------------|---|
| | Inpatient Hospitalization | |
| | Partial Hospitalization | |
| | Outpatient Counseling | |
| | Outpatient Psychiatry | |
| | Care Management | |
| | Intensive Services (CFTSS/HCBS) | |
| | School IEP or 504 Plan Services | |
| | CPS or Prevention Services (DCFS) | |
| | Other services | |

