



Adolescent Partial Hospitalization Program

2500 Cassady Avenue • Huntingdon, PA 16652 • Phone 814-345-1901 • Fax: 814-260-4279

Referral Date: _____ PA Secure # _____ Local ID # _____

Student's Name: _____ Gender: _____

DOB: _____ Age: _____ Current Grade: _____

Parent/Guardian Name: _____

Who does the student live with: _____

Phone: _____ Cell Phone: _____

Address: _____

City: _____ State/Zip Code: _____

County: _____ Home School: _____

Referral Source: _____

School District Information

Contact Person: _____ Phone: _____

Address: _____

City: _____ State/Zip Code: _____

School Contact Email: _____

Referring Agency Information (if not School District)

Contact Person: _____ Phone: _____

Address: _____

City: _____ State/Zip Code: _____

Contact Email: _____

TIU11 PHP School day 8:00 a.m. to 3:00 p.m.

This referral is for the TIU 11 Partial Hospitalization Program. This placement must be deemed a medical necessity for acceptance into the program. Students must be eligible for Medical Assistance prior to admission. Students receive three (3) hours of Education Services and three (3) hours of Mental Health Services during a regular school day.



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Reasons for Referral/Presenting Problem:

Mental Health Concerns:
Display or use of substance
Misconduct that merits suspension
Discharge from inpatient
Other:
Trauma/Abuse
Habitual truancy
Increase in Mental Health Services

Any further explanation of Reason for Referral:

Referral Source Goals:

Strengths of Student:

Does the student have a current IEP? YES NO (Please Include IEP with referral)

Date IEP completed:

Does the student have Medical Assistance (MA)? YES NO

Type of MA: MA ID#

Student Primary Care Physician: Phone Number:

Other agencies involved with the child include (check/complete all that apply):

Juvenile Probation
MH/MR
Foster Child (Foster Provider)
Outpatient Counseling: (agency)
Other:
Children & Youth
CASSP
Drug & Alcohol
SAP Team

***Copies of the following information (if applicable) MUST be submitted prior to the student starting at the TIU11 PHP.

IEP and NOREP (reflecting change in placement)***
Current Discipline Referrals
CYS Family Service Plan
Psychiatric-Psychological information
Physical & Immunization records (most recent)***
Permanent Record Card***
Latest Report Card ***
Court Orders, Custody Papers, etc.
Most recent Eval/RR***
Functional Behavior Assessment

PLEASE FAX ALL REFERRAL FORMS TO MEGAN MORRISON, LPC, NCC, Clinical Director 814-260- 4279