



# The Hub Referral Form

Date of Referral: \_\_\_\_\_

What program is this individual being referred to?

245D - The Hub     Family Support Grant     CDCS

Other: \_\_\_\_\_

Does the individual currently have a waiver?    YES    NO

Estimated waiver approval date: \_\_\_\_\_

Estimated waiver on date for services with Discovery Horse? \_\_\_\_\_

MA renewal date: \_\_\_\_\_

<b>Referrals Only Accepted with Complete Referral Form &amp; ROI from referring agency</b>	
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Individuals First Name:	Individuals Last Name:
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Individuals DOB:	Individuals Age:
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Gender:	Medical Assistance Number:
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County of Financial Responsibility:	County of Responsibility:
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Diagnoses:
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Referring Individual:
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Primary Address:
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City:	State:	Zip:
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Individuals Phone:
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Secondary Address:
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City:	State:	Zip:
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Individuals Phone:
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<b>Guardian</b> Name (if minor):
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<b>Guardian Email:</b>	<b>Phone:</b>
<b>Guardian(s) Relationship to Individual:</b>	

<b>PARENTS &amp; CAREGIVERS</b>
<p><b>Have you reviewed the Discovery Horse program outline and expectations with the family?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If not let us know so we can provide you with a copy to share.)</p> <p>Is the parent/guardian/caregiver aware of the fact they will be requested to participate fully in services along with the child? <b>Parents will be required to attend weekly sessions of their own.</b> Please share any additional information pertaining to parental involvement:</p>

<b>INFORMATION GATHERING</b> Please respond to each question
<p><b>Scheduling</b></p> <ul style="list-style-type: none"><li>• Are there any specific scheduling needs? Please explain:</li></ul> <p><b>Services Requested</b></p> <ul style="list-style-type: none"><li>• What general outcomes are being sought by retaining services with Discovery Horse?</li> <li>• What potential goals exist for the <b>child</b>?</li></ul>

- What potential goals exist for the **caregiver(s)**:
- What services and support have been effective for the **caregiver(s)**? Please Explain:
- What services and support have NOT been effective for the **caregiver(s)**? Please Explain:
- What services and support have been effective for the **child**? Please Explain:
- What services and support have NOT been effective for the **child**? Please Explain:

### Transportation

- Are there transportation barriers for services?
- Do caregivers have their own vehicles?
- Would **child** need transportation to attend services? Please explain.
- Would **caregiver(s)** need transportation to attend services? Please explain.

## Living Environment

- In what type of environment does the potential client currently live?
- List all household members and provide ages:
- Are they living in more than one household? If 'yes' please explain:
- How long have they been in this living situation?
- Are there plans for the living situation to change soon? Please explain.

## Legal Involvement

- Is Child Protection involved? If 'yes' please explain:
- Is Probation involved? If 'yes' please explain:

## School

- If in school, what school does the individual attend?
- What grade is the child participating in?
- Is Truancy an issue? If 'yes' please explain:
- Is child on an IEP? YES  NO
- IEP Case Manager Name:

## Employment

- Is the primary caregiver employed? YES  NO
- If 'yes':
  - Location? Remote or In-Person?
  - Part Time or Full Time?
  - Days, evenings, overnights or hybrid?

Please check all services the individual is **currently** receiving as well as waitlisted services. Please include provider agency:

Psychotherapy

Occupational Therapy



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- Physical Therapy
- Groups (please identify type):
- Probation
- Medication Management/Psychiatry
- Behavior Analyst
- Other (please list all):

### OTHER NOTES

*Provide any information that pertains to the family and their system of support*

*Please email this form to [office@discoveryhorse.com](mailto:office@discoveryhorse.com)  
**ALONG WITH a Release of Information for your Agency***