One-to-One with Youth, Inc.

307 E. Beech Street Goldsboro, NC 27530-2818 Office: (919) 731-2119 Fax: (919) 739-4989
3011 NC Highway 42W Suite G Wilson, NC 27893 Office: (252) 991-3985 Fax: (252) 991-3993

Referral Form Date: ______________

Consumer Name: ____

Address: ____

Telephone #: ______________ Cell Phone #: ______________ Contact #: ______________

Date of Birth: ____________ Medicaid #: ______________ Gender: _____ Age: _____

Name of Parent or Legal Guardian: ______________________________________

Address: (If different from above) ______________________________________

Presenting Problems:

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Response Time:	
❑ *Routine (Appt w/in 7 days)* ❑ *Emergent Response (w/in 1 hr- Face to Face w/in 2 hrs)* ❑ *Urgent (appt w/in 48 hrs)*	*Can this agency provide service that can address this individual's needs? If no, give explanation.* ❑ *Yes* ❑ *No* ______________________ *If No, Referred To:* ______________

Referred By: (Please Print Name and Telephone Number)

Name: ______________________________ *Telephone #:* ______________

For Office Use Only: Be sure to Submit the Recommendation Given before giving form back to Office Personnel.

Licensed Professional Assigned: ______________________

Date & Time Assessment Scheduled: ______________________

Rescheduled Assessment Date & Time: ______________________

Date Assessment Completed: ______________________

Recommendation: ______________________

Revised 2/26/19 pw