



SHAPE Yates
2462 Route 54A, Penn Yan, NY 14527
(315)563-6632 X1

HOME BASED CRISIS INTERVENTION (HBCI) REFERRAL FORM

Home Based Crisis Intervention (HBCI) serves clients ages 5 to 21 in Livingston and Yates Counties who are at risk for inpatient hospitalization or out of home placement due to concerns related to safety or self-harm. HBCI has the best outcomes when the client and caregivers participate for 4-6-weeks with a minimum of three, three hour in-home visits per week.

Please email the completed form to HBCIservices@dor.org. Case consultations are available with the HBCI Program Supervisor by calling 315-536-6632 x1

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 and rate of occurrence

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	
	law enforcement	
	Care Management	
	Intensive Services (CFTSS/HCBS)	
	School IEP or 504 Plan Services	
	CPS or Prevention Services (DCFS)	
	Residential services	