



Creative Potential, LLC  
 912 Norwich New London Tpk.  
 #5 Uncasville, CT. 06382  
 p-(860)848-0514,  
 f-(860)-848-0523  
 www.creativepotentialllc.com

## Referral Form-Community/ GP

### Important Info

Please fill out a referral for each individual service and child requested. Once complete, email the document(s) to [INFO@CREATIVEPOTENTIALLLC.COM](mailto:INFO@CREATIVEPOTENTIALLLC.COM)

Thank You!

Todays Date:		Referral Source:	
Childs Name:	Case ID:	Child ID:	
Case Name:	Case Type:	<u>SS SV TSS LCSW TC</u> <u>LIST PS Mentor</u> <u>OTHER: _____</u>	Hours Per wk.:
DOB:	Guardian Name:	Guardian relationship:	
Address:			
Guardian Contact Information:	Phone:		
	Email:		
Other Needed information:			

Please indicate payment structure most appropriate for this client's family:			
Self-Pay: _____	DCF: _____	Social Service Agency: _____	Other:
Details:			
Client contact and location information (primary contact's name, address, and phone #'s):			

Please provide us with recent case reviews and/or assessments that will enhance understanding of client's current cognitive, emotional, and behavioral functioning.



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Please provide us with information about the client’s domestic arrangements to support effective and timely communication regarding visits (For example, child resides with mother and grandmother Tuesday through Thursday and visits with Father and stepmother Friday through Monday):

Please provide names of other approved relationships to child(ren), addresses, phone numbers, and email addresses for all parties listed above:

Please list all known service providers, agencies, and institutions (including schools) also working with client (name, affiliation, #, email address):

Please take a moment to consider the client’s current level of functioning and identify some specific goals for treatment and identify a means of assessing improvement that providers can use to establish success, keeping in mind that we can’t “make” anyone change. What are the primary objectives of services (if appropriate, please use LIST system)?

- 1.
- 2.
- 3.



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Please use the space below (and additional pages, if necessary) to share any additional information that you feel will help us serve this client more effectively:

**\*\*\* ATTENTION \*\*\* Supervised Visits:**

Supervised visits will not take place in the parents residence

<b>Number of Children Attending:</b>		<b>Is Transportation Required:</b>	<b>Car seat Requirements: Booster, 5 point, Infant, ETC</b>		
<b>Visit Length:</b>		<b>Transportation Time:</b>		<b>Mileage:</b>	<b>Yes or No</b>
<b>Who is Transported:</b>	<b>Parent:</b>	<b>Child:</b>	<b>Both:</b>		
<b>Address of pick up:</b>					
<b>Address of visit:</b>					
<b>Address of Drop Off:</b>					
<b>Other Parties Allowed to attend:</b>	If the name is not listed the person will not be allowed to attend without prior authorization from SW.				
<b>Safety or Other Concerns:</b>					

\*\*\*\* Please include any Group rates in funding authorization\*\*\*\*

\*Please be sure to sign a ROI form if we need to contact another agency for case information\*