

To refer a child or adolescent for a meeting the following items need to be completed:

1. Call the CASSP Coordinator to schedule a meeting at: (570) 621-2894.
2. Complete the referral sheet.
3. Complete the exchange of information with appropriate signatures.
4. Forward both documents to: CASSP Coordinator – Kathy Quick, LSW
 108 S. Claude A. Lord Blvd. 2nd Floor
 Pottsville, PA. 17901
 Fax: 570- 621-2893
5. This information must be provided to the Coordinator at least two days prior to the scheduled meeting.
6. After the meeting is scheduled, it is the responsibility of the referral source to contact parents/guardians and any other agencies and individuals involved with the child. Remember to invite the home school district as well as a representative of their current school.
7. All meetings will be held at the MH/DS/D&A office (listed above) unless otherwise specified. The conference line is available for those unable to attend in person:

1-866-365-4406 Meeting Code: 1972229#

CASSP Team Members:

Child or Adolescent, Parents and Family Members	CASSP Coordinator – Kathy Quick
Schuylkill IU#29 – Larissa Russell	Drug & Alcohol – Kathy Repsher
Community Care Behavioral Health – Kristie Thorpe	Children & Youth Services – Kevin Lally
Service Access & Management – Shannon Napoli	Juvenile Probation – Stacy Schlauch
Schuylkill County System of Care – Tracy Frederick and Jocelyn Blum	

- Other team members across agencies and services attend meetings to maximize benefits for the child and family.

Assigned Date and Time of Scheduled CASSP: _____

Child's Name: _____

Date of Birth: _____

Parent/Guardian Names:

Siblings Names and Ages:

Address and Phone:

Child and Family Strengths:

Areas of Concern:

What are the identified barriers to treatment progression?

What is the current crisis prevention plan?

What is the current discharge plan?

Reason for the referral:

Diagnostic Information:

Primary dx:

Psychiatrist:

Physician:

Medications:

Educational Information:

Home School District:

Grade:

Educational Placement:

School Specific Issues:

Current Agency Services:

Referral Source:

Name:

Agency:

Assigned Date and Time of Scheduled CASSP: _____

EXCHANGE OF INFORMATION:

The specific purpose of the CASSP Team Meeting is to develop of a coordinated service plan. The team consists of members from the child-serving agencies in the county and we encourage any service providers involved with your child be invited. You are also encouraged to invite anyone you feel is important in your child’s life (relative, coach, friend, pastor, etc.)

I, _____ authorize the Schuylkill County CASSP Team members to exchange verbal and written information concerning _____. The information to be exchanged is for the purpose of coordinating treatment or service pertaining to my child’s needs. This consent will not exceed twelve (12) months from the signature date. I understand that in order to protect the limited confidentiality of records, my consent to obtain or exchange information is necessary. I understand that without my consent, regulations prohibit certain information from being released by the agencies. By written statement, I may withdraw my permission at any time.

Child Signature (14 years of age or older)

Date

Parent/Guardian Signature

Date

Witness

Date

Assigned Date and Time of Scheduled CASSP: _____