



REFERRAL PACKET

CHILDREN UNDER CONSTRUCTION
TREATMENT CENTER, BARNES INC
IN JOHNSTON COUNTY

MAILING ADDRESS
42 JEWEL LN
FOUR OAKS, NC 27524

OFFICE (910) 551-5481



Items needed on arrival of client to complete intake packet.....

- All current medications including (Doctors orders for the medications)
- Current copy of Medicaid card
- Current PCP Plan with signature page
- Guardianship papers for any client in DSS custody

**CHILDREN UNDER CONSTRUCTION
TREATMENT CENTER, BARNES INC
IN JOHNSTON COUNTY**

**MAILING ADDRESS
42 JEWEL LN
FOUR OAKS, NC 27524**

OFFICE (910) 551-5481

Children Under Construction

REFERRAL FORM

Referral Date: _____

Medical History:	Medications:
Current Physicians:	

Date of Last Physical: _____ TB Results: _____

Education & Training: _____

Brief Psychiatric History:	
Axis I	
Axis II	
Axis III	

Check Off:

- Runaway Episodes Stealing Temper Tantrums Behaviors
- Withdrawal/Depression Hyperactivity Suicidal Attempts Suicidal Threats
- Unusual Sexual Activity Setting Fires Substance Abuse Bedwetting

Clinical Diagnosis: _____

**CHILDREN UNDER CONSTRUCTION
TREATMENT CENTER, BARNES INC
IN JOHNSTON COUNTY**

**MAILING ADDRESS
42 JEWEL LN
FOUR OAKS, NC 27524**

OFFICE (910) 551-5481

Children Under Construction

REFERRAL FORM

Referral Date: _____

Child/Youth's Name: _____
Last First MI

Date of Birth: _____ Age: _____ Race: _____ Gender: _____

Residing Address: _____

Current Living Status: _____

Legal County of Residence: _____

School: _____ Grade: _____ Special Ed: Yes No

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Address: _____

Phone(Home): _____ Phone(Work): _____

Email Address: _____ Social Security Number: _____

Is the biological parent the legal guardian? Yes No no, is? _____

Referral Source/Social Worker: _____ Phone no: _____

Agency: _____

Current Needs of the Child/Youth: _____

Child/Youth Likes: _____

Child/Youth Dislikes: _____

Child/Youth Record No: _____

Current Services Receiving: _____

Health Coverage/Medicaid Number:	Diagnosis:
----------------------------------	------------

**CHILDREN UNDER CONSTRUCTION
TREATMENT CENTER, BARNES INC
IN JOHNSTON COUNTY**

**MAILING ADDRESS
42 JEWEL LN
FOUR OAKS, NC 27524**

OFFICE (910) 551-5481

Children Under Construction

REFERRAL FORM

Referral Date: _____

Has applicant been abused or neglected? _____

Are there home situations that contribute to the applicant's problems? _____

Why do you think the applicant is suitable for the living situation we are offering? _____

Reason for Referral: _____

Other Referral Concerns: _____

Name and title of person completing this application: _____

"I understand that my signature gives the referring agency permission to share the above information necessary for the referral. I also understand that this information will be used to determine eligibility for the systems of care."

Signature of Parent/Guardian: _____ Date: _____

**CHILDREN UNDER CONSTRUCTION
TREATMENT CENTER, BARNES INC
IN JOHNSTON COUNTY**

**MAILING ADDRESS
42 JEWEL LN
FOUR OAKS, NC 27524**

OFFICE (910) 551-5481