EMOTIONAL INJURY ASSESSMENT REFERRAL FORM

SSW should complete the following demographic information regarding this referral and submit it for approval via the DCBS emotional injury gatekeeping process. Once approved, the completed referral form is sent to a community mental health center (CMHC)/qualified mental health professional (QMHP) to schedule an assessment.

Client name: Social Security #: Date of birth:

*If multiple clients, list surname and then list all individual information on the back or a separate page

Client guardian (if applicable):

Address:

Phone: (home)

(work)

(cell)

Date of emotional injury report to DCBS: Intake ID of emotional injury report: DCBS, social service worker (SSW): County: Phone:

Assessment question (what specifically do you need to know from the assessment requested?)

Is the above-named client at risk of or experiencing an emotional injury as a result of being emotionally abused as defined in KRS 600.020?

Other:

Requesting SSW signature

Date

Approved: