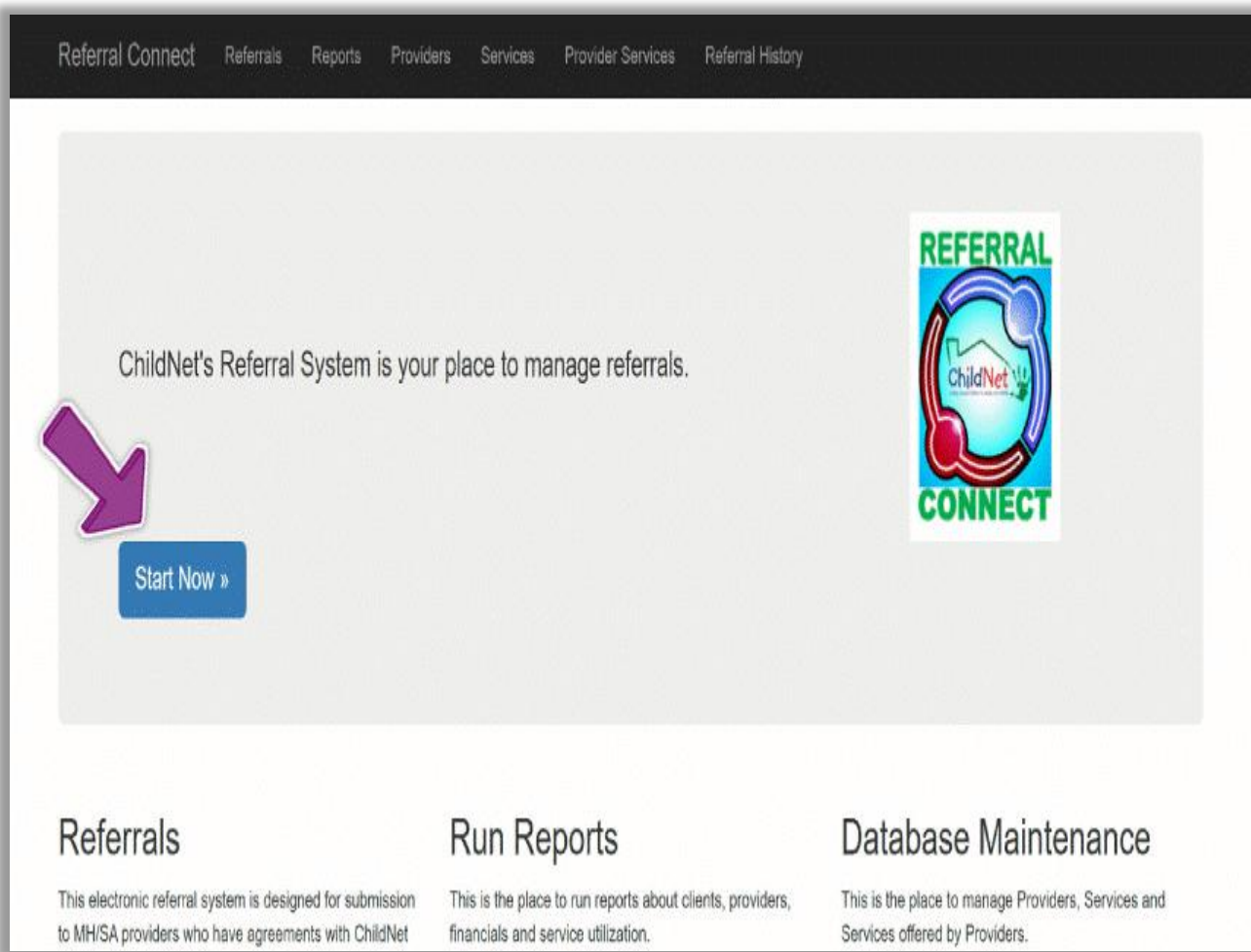




Referrals for Adult Services via Referral Connect

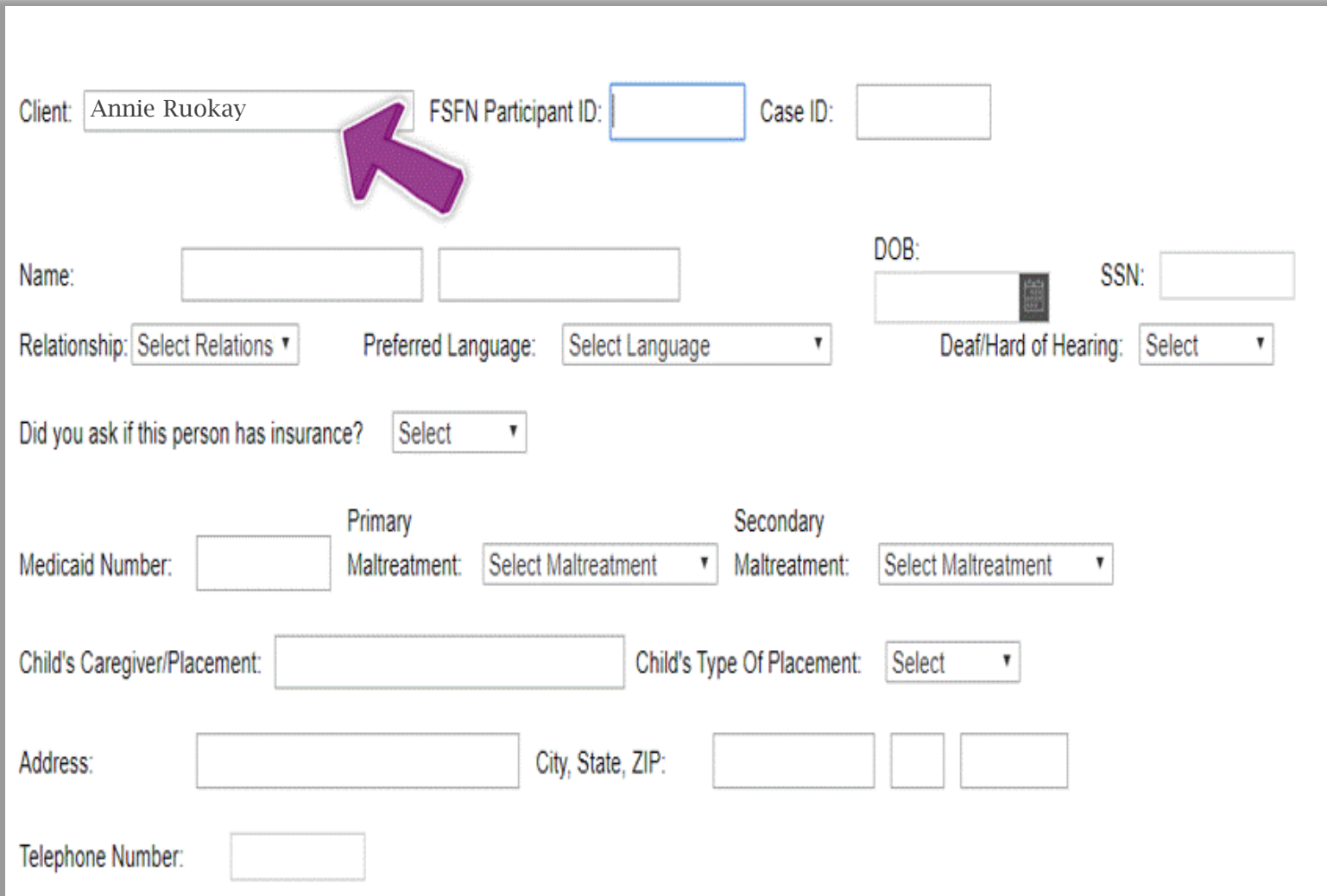


Making Service Referrals via Referral Connect



- Go to ReferralConnect.ChildNet.us
- Click Start Now

Referral Connect-Adult Referrals



The form contains the following fields and options:

- Client:** Text field containing "Annie Ruokay". A purple arrow points to this field.
- FSFN Participant ID:** Text field.
- Case ID:** Text field.
- Name:** Two text fields.
- DOB:** Text field.
- SSN:** Text field.
- Relationship:** Drop-down menu with "Select Relations" as the placeholder.
- Preferred Language:** Drop-down menu with "Select Language" as the placeholder.
- Deaf/Hard of Hearing:** Drop-down menu with "Select" as the placeholder.
- Did you ask if this person has insurance?:** Drop-down menu with "Select" as the placeholder.
- Medicaid Number:** Text field.
- Primary Maltreatment:** Drop-down menu with "Select Maltreatment" as the placeholder.
- Secondary Maltreatment:** Drop-down menu with "Select Maltreatment" as the placeholder.
- Child's Caregiver/Placement:** Text field.
- Child's Type Of Placement:** Drop-down menu with "Select" as the placeholder.
- Address:** Text field.
- City, State, ZIP:** Three text fields.
- Telephone Number:** Text field.

Using the drop-down option, select **Client Name**

Demographic & identifying info will auto populate

If person is a foster parent or someone else not listed on the case, select **Other Person**

Note: You must ask if the adult has their own insurance & document insurance on the form

Referral Connect-Adult Referrals

Client: FSFN Participant ID: Case ID:

Name: DOB: SSN:

Relationship: Preferred Language: Deaf/Hard of Hearing:

Did you ask if this person has insurance?

Medicaid Number: Primary Maltreatment: Secondary Maltreatment:

Child's Caregiver/Placement: Child's Type Of Placement:

Address: City, State, ZIP:

Telephone Number:

Select Medicaid Option
for our providers who
accept Medicaid for
Counseling Services,
TCM, & Psychiatric
Services

**Enter the Medicaid
number**

***This will allow for the referral to
go directly to the provider**

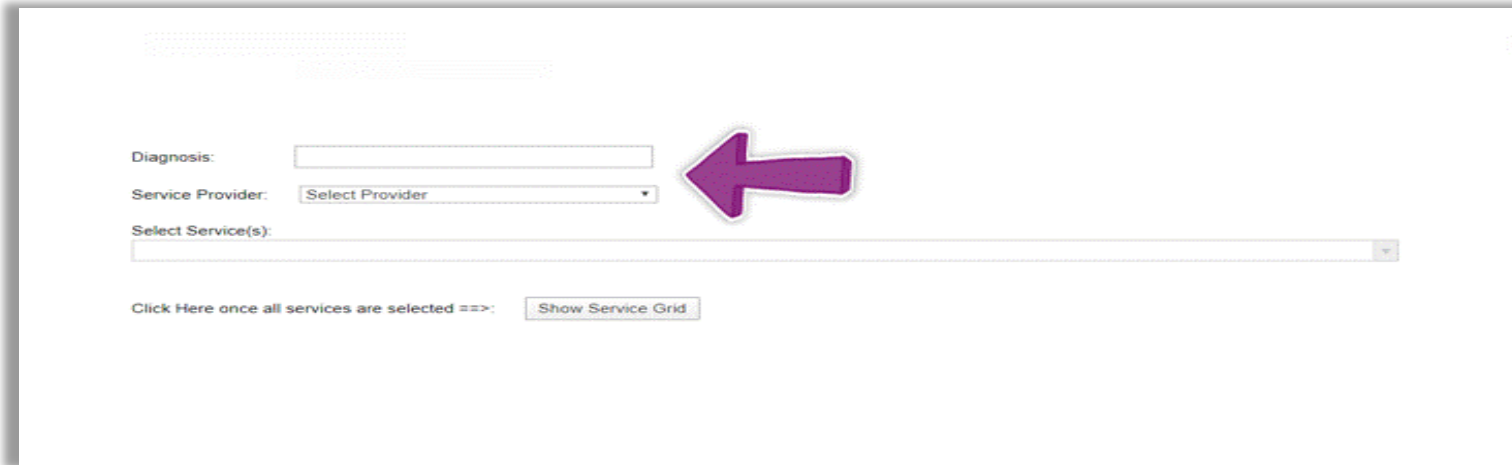
Referral Connect-Adult Referrals

If applicable, type
Diagnosis

Select Service Provider
from drop-down
options

Check service(s) you
are requesting from
drop-down options
& click **Show Service
Grid**

**If service is Court Ordered, add date of
order in the Service Grid*

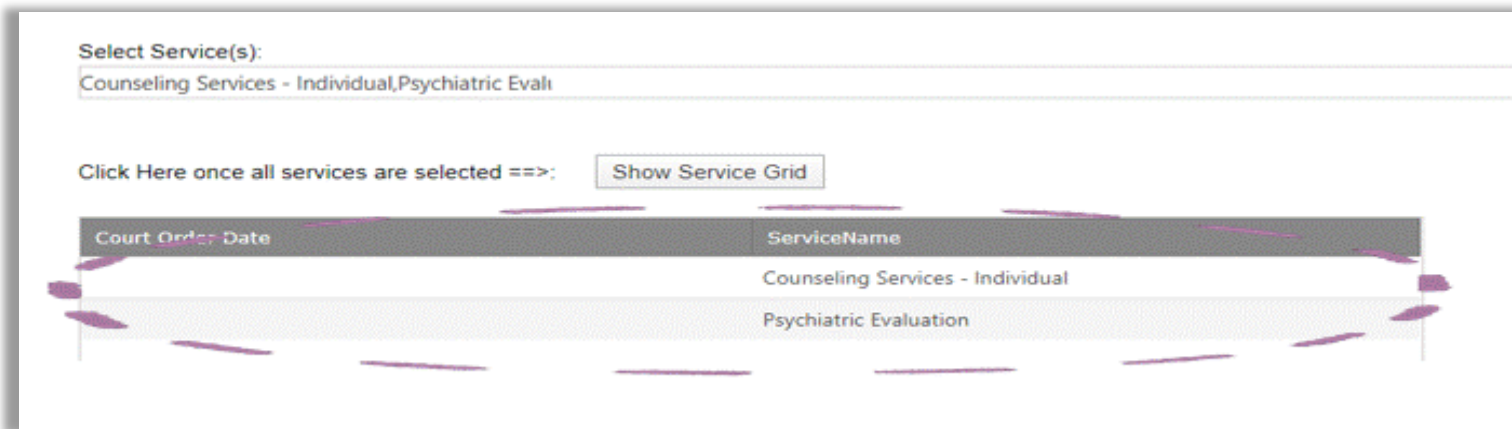


Diagnosis:

Service Provider:

Select Service(s):

Click Here once all services are selected ==>:

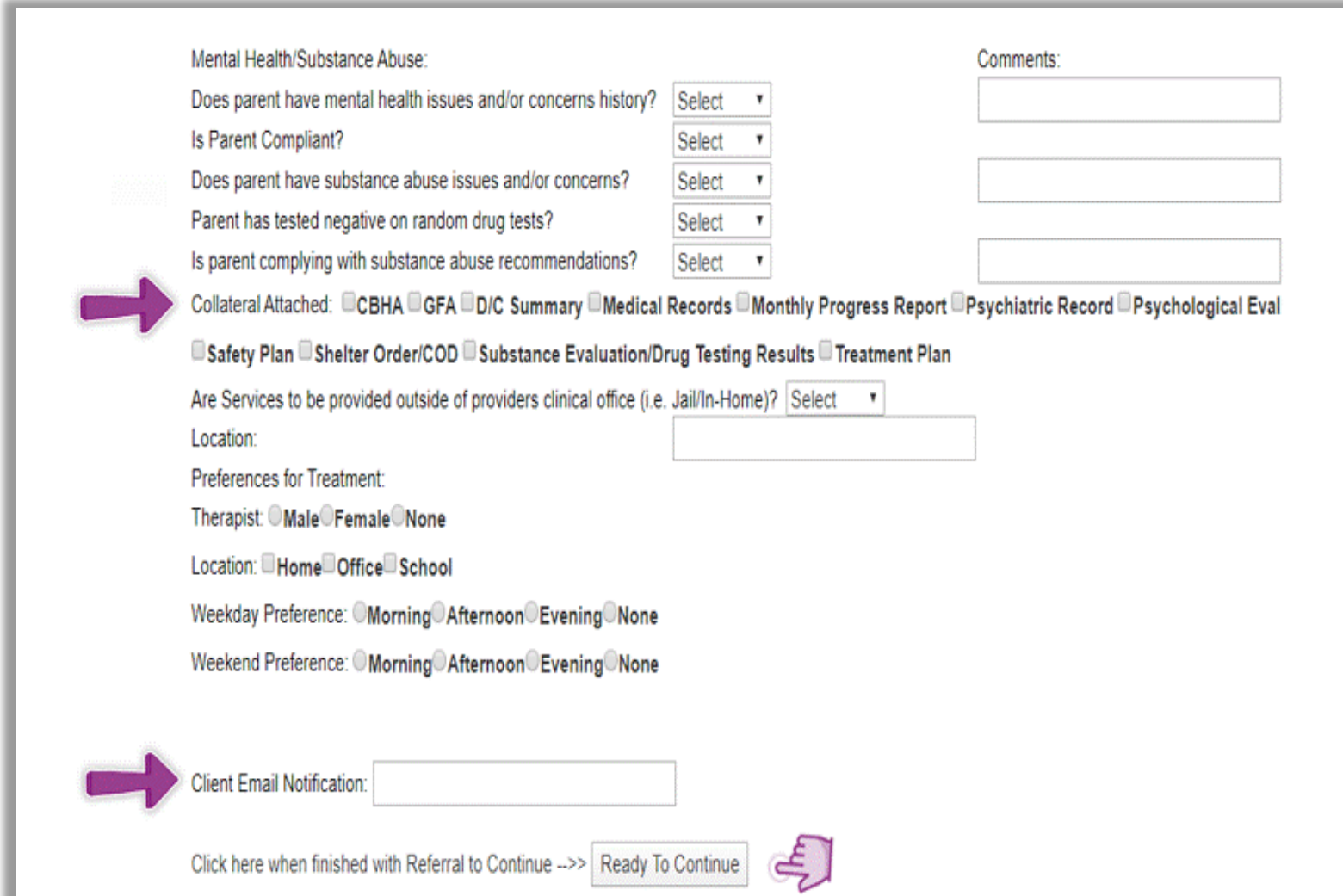


Select Service(s):
Counseling Services - Individual,Psychiatric Evali

Click Here once all services are selected ==>:

Court Order Date	ServiceName
	Counseling Services - Individual
	Psychiatric Evaluation

Referral Connect-Adult Referrals



The screenshot shows a web form for 'Referral Connect-Adult Referrals'. A purple arrow points to the 'Collateral Attached' section, which lists various document types with checkboxes. Another purple arrow points to the 'Client Email Notification' text box. A third purple arrow points to the 'Ready To Continue' button at the bottom right. The form includes sections for 'Mental Health/Substance Abuse' with five dropdown menus, 'Comments' with three text boxes, 'Are Services to be provided outside of providers clinical office (i.e. Jail/In-Home)?' with a dropdown, 'Location' with a text box, 'Preferences for Treatment' with radio buttons for gender, location, and time of day, and a 'Client Email Notification' text box.

Mental Health/Substance Abuse:

Does parent have mental health issues and/or concerns history?

Is Parent Compliant?

Does parent have substance abuse issues and/or concerns?

Parent has tested negative on random drug tests?

Is parent complying with substance abuse recommendations?

Comments:

Collateral Attached: ☐ CBHA ☐ GFA ☐ D/C Summary ☐ Medical Records ☐ Monthly Progress Report ☐ Psychiatric Record ☐ Psychological Eval

☐ Safety Plan ☐ Shelter Order/COD ☐ Substance Evaluation/Drug Testing Results ☐ Treatment Plan

Are Services to be provided outside of providers clinical office (i.e. Jail/In-Home)?

Location:

Preferences for Treatment:

Therapist: ☐ Male ☐ Female ☐ None

Location: ☐ Home ☐ Office ☐ School

Weekday Preference: ☐ Morning ☐ Afternoon ☐ Evening ☐ None

Weekend Preference: ☐ Morning ☐ Afternoon ☐ Evening ☐ None

Client Email Notification:

Click here when finished with Referral to Continue -->

Complete all fields

Click box next to each collateral you wish to upload (required)

Enter Parent, Caregiver, or Other Person's email in Client Email Notification & copy of referral will be sent to them

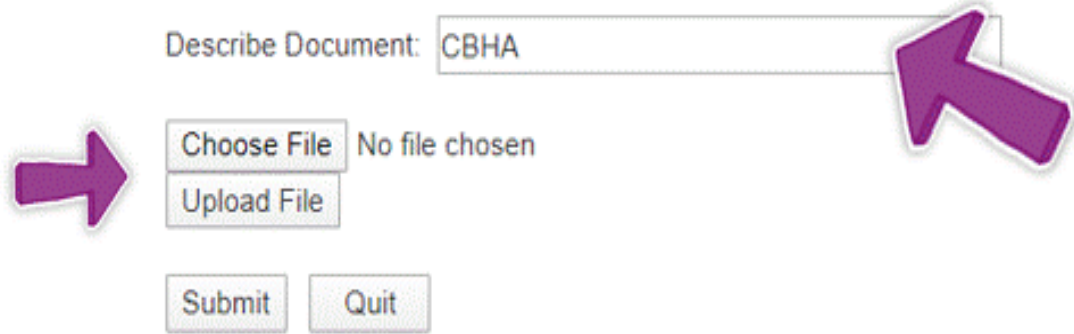
After all collaterals are checked, click Ready to Continue

Note you cannot upload any additional documents that are not selected

Referral Connect-Adult Referrals

Attachments:

The system will ask you for each collateral you previously checked



Describe Document: CBHA

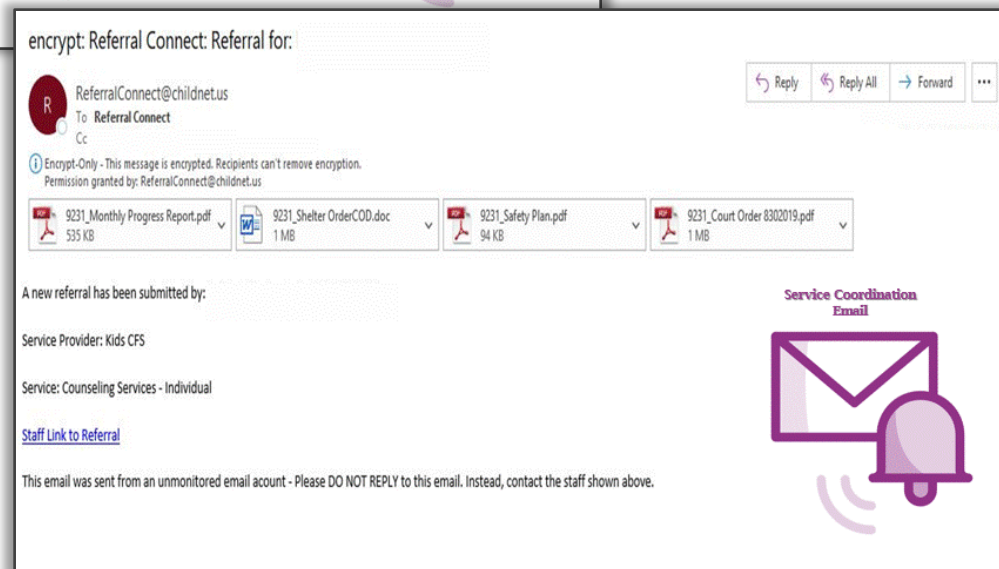
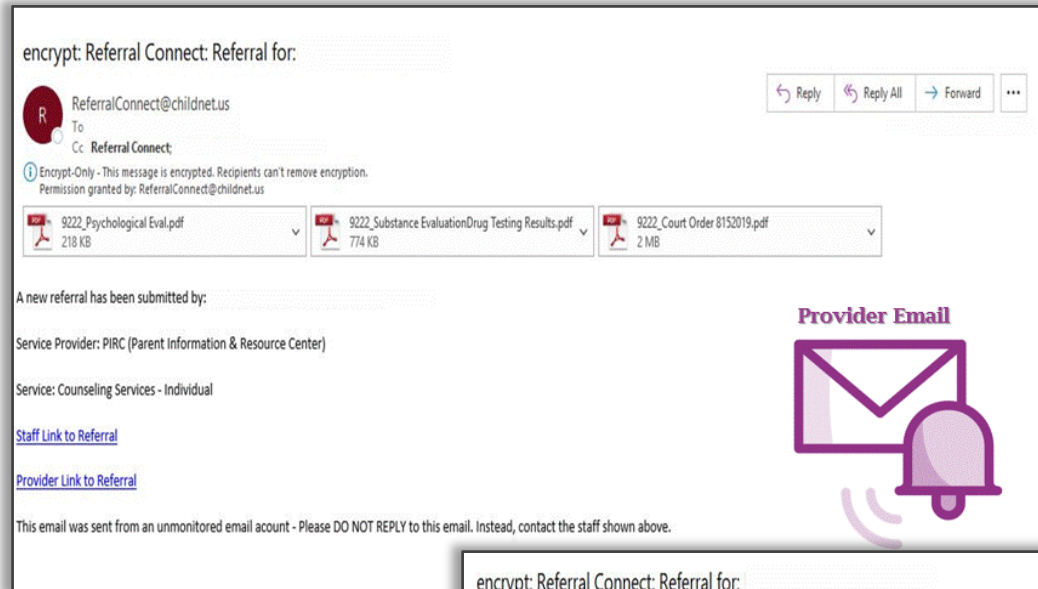
Choose File No file chosen

Upload File

Submit Quit

- **Click Choose File**
Select document you wish to upload
- **Click Open**
(You will now see the document name where it said “No file chosen”)
- **Click Upload File**
- **Click Submit**
- Repeat steps until all documents are uploaded & “Describe Document” will go gray and not ask for any further documents

Referral Connect-Adult Referrals



Email Notifications:

After clicking submit, you will receive an email showing the referral went directly to the provider or to Service Coordination for approval

Document in FSFN!



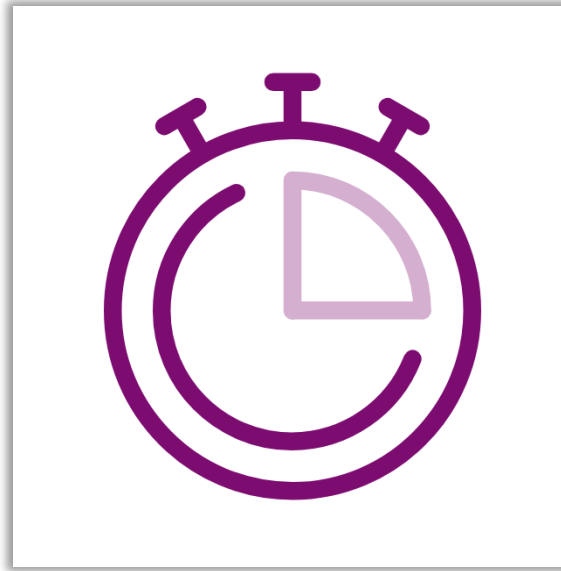
Case Management must document in FSFN which referrals for services were placed for the parent

Be sure to document the status to support and ensure how the parent is engaged with the referred services

Referral Connect Troubleshoot/Problem Areas



Are you using Google
Chrome?



Did you timeout?
*Referral Connect times out after
20 minutes of inactivity*



Received System Error?

Contact Stewart

Contact Andrea

Contact Krista