



TennCare Referral & InTake Form

CLIENT INFORMATION

Client Name _____ Kids 1st Region TC-VO

DOB _____ Age _____ SS# _____ Referral Date _____

List All Siblings

(names and ages) _____

Client Address

(if different from parent/guardian address below) _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

PARENT/GUARDIAN INFORMATION

Who has custody of the Client? _____

Parent/Guardian Name _____

Parent/Guardian Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Alternate Phone _____

REFERRING CASE MANAGER INFORMATION

Referring Case Manager Name _____

Referring Agency Name _____ E-Mail _____

Referring Case Manager Work Phone _____ Cell Phone _____

Referring Case Manager Fax Number _____ Other Phone _____

Referring Case Manger Address _____

City, State, Zip _____

Referral Source eMail Newsletter Brochure Word of mouth Other _____

INSURANCE INFORMATION

BHO ValueOptions (SequelCare of Tennessee can currently only accept TennCare referrals for ValueOptions)

Insured has: BlueCare TennCare Select

Insured's Name _____ ID# _____

TennCare Service Requested Case Management CCFT

Service Details

(for instance: Anger Management, A&D, Parenting, Individual Coaching, Tutoring, Mentoring, etc. – please be specific!) _____

Service to be Provided to _____

Reason for Referral



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Expectations for Case

(issues to be worked on, goals, extenuating circumstance, etc.)

Psychiatric/psychological Evaluations

Previous Treatment/Service History, including rendering providers

Current Providers

(Please include PCP and any mental health providers)

Worker Alerts

(potential or past abuse issues, high crime or isolated area, residence hard to find, weapons in the home, etc.)

Important Court Dates Pending

Juvenile Arrest Record/Law Enforcement Encounters, etc.

School History and Progress

FOR OFFICE USE ONLY

BHO REP _____

Priority Status _____

TPG Taken? YES NO

TPG Score _____

Priority Status Ends _____