**TRANSITION AGE MOBILE CRISIS REFERRAL FORM  
Referral Phone Number: 724.630.5189 Fax: 724.843.5401  
Beaver County Crisis Line: 1.800.400.6180**

**If the individual is in immediate danger to themselves or others, please dial 9-1-1 or go to the nearest emergency room.   
Beaver County Crisis is also available at 1.800.400.6180.**

*Transition Age Mobile Crisis is a short-term service that will respond by phone within 1 hour and attempt face to face contact in 24 hours to assess, stabilize, link families to available supports and services with side by side support. Referrals can come from provider agencies, courts, CYS, Schools, and self-referred. To qualify for this service and to make a referral please read the following:*

1. **Does the individual in crisis have CYS/JPO involvement?**
2. **Is the individual between 14-24 and have Medical Assistance?**

**If YES to either 1 or 2, Complete and submit this referral. If NO, please read the following:**

1. **For individuals between 8-24 and has severe mental health needs and/ or substance abuse concerns, a referral can be made for further assessment to determine if he/she meets eligibility requirements.**

**If NO to all three, Beaver County Crisis can provide immediate assistance and can be reached at 1.800.400.6180.**

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| Name: | | | | DOB: | | |
| Insurance: | Gender: | | | Race: | | |
| MA #: | SSN: XXX – XX – | | | Parent/Caregiver: | | |
| Telephone 1: | Home: | Cell: | Work: | Address: | |  |
| City: | |  |
| Telephone 2: | Home: | Cell: | Work: | Zip: | |  |
| Apt #: | |  |
| Referral Date: | Referral Time: 1:00 | | | | Referral Phone #: | |
| Referral Name: | Referral Source: | | | | | |

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| **Reason for Referral:** |
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| **Other Involved Services:** | | | | | | |
|  | Children and Youth Services | | |  | Medical | If Other: |
|  | Juvenile Probation | | |  | BCM/ACM |
|  | Beaver County Behavioral Health | | |  | Other |
|  | School | District: |  | | |