



Transitional Age Community Treatment Team

TACT Referral Form
Please Print or Type Referral Information

The TACT Team is designed for youth 16 to 24 years of age in need of assistance transitioning from out of home placements such as correctional or residential treatment facilities in need of intensive support to remain in the community due to severe persistent behaviors through a multidisciplinary approach.

Date:	Referral Source (<i>parent, CCDCFS, Self</i>):	Date of Admission to Agency if Applicable:
Name & Title of Referent:		Telephone Number: E-mail Address:
Client Information		
Client's Name:	Date of Birth:	
Gender: Male Female		
Home Address:	Address if in Placement:	
School District of Residence:	Telephone Number:	
Last Grade Completed:		
Name of School:		
Client History		
Current Diagnosis (<i>past 12 months</i>) including Dx Codes:		
Axis I:		
Axis II:		
Axis III:		
Axis IV:		
Axis V: (GAF)		
Systems Currently Involved or pending involvement: Juvenile Court CCDCFS ODYS CCBDD		
<u>PLEASE INDICATE OFFENSE, SENTENCE, AND SUPERVISION STATUS IF APPLICABLE:</u>		



Clinical Services Provided within the Past 12 months w/ dates (i.e. Counseling, CPST, Groups):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

History Of Out of Home Placements (if applicable)including dates:

- 1.
- 2.
- 3.

TACT Target Population and Supportive Documentation

Does this Youth Meet the Following Criteria?

Demonstrates severe persistent behaviors that interfere with transitioning from an out of home placement or remaining in the community;

Extreme difficulty participating in office appointments or traditional out- patient interventions due to severe persistent behaviors;

Socially disruptive behaviors leading to deeper court involvement resulting in incarceration;

Absent of diagnosis' such as Schizophrenia, Schizo-Affective Disorder, Depression Recurrent;

Significant substance abuse greater than six months;



Please provide the following documents for determination:

Mental Health Assessment

Alcohol and Drug Assessment

Psychological Reports

Documentation of Prior Treatment Interventions (residential reports, outpatient services such as anger management, etc.)

Any additional documentation

Rationale for Referral to TACT Team

Please provide brief comments:

**Please Fax Referrals to:
Vivian Catchings-El, Children's Program Specialist @ the ADAMHS Board
Through confidential fax (216) 241-0805**

ADAMHS Board Use Only	Date Reviewed:	Date Reviewed:	Referral Disposition:
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Once the referral is reviewed, the ADAMHS Board will contact the referent regarding the outcome of the referral.