

Referral for Residential Level III  
 Reaching Your Goals, Inc.  
 6004 Woodstock Dr.  
 Raleigh, NC 27609  
 (919)832-6150 Fax (919)832-6151

Referral Source: \_\_\_\_\_ Phone # \_\_\_\_\_  
 \*\*\*\*\*

Target Consumer: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City, State County

Phone #: \_\_\_\_\_ Male/Female Ethnicity: \_\_\_\_\_

DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Juvenile Ct. Involvement: yes no Special Needs: \_\_\_\_\_

Known allergies: \_\_\_\_\_  
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DSM IV Diagnosis:  
 Axis I: \_\_\_\_\_ Axis III: \_\_\_\_\_  
 Axis II: \_\_\_\_\_ Axis IV: \_\_\_\_\_

Medications: \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*  
 Guardian: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
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Reason for referral:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The following are required for services to be rendered to consumer:

Name of form	Information enclosed
Demographic Screening form	
Consumer Enrollment form	
Order for medical necessity	
Target Population Eligibility	
Service Plan	
Residential Authorization Form	