



# School-Based Services Referral Packet

Hamilton Center School-Based Services are embedded in school corporations to provide a variety of services to children who may be experiencing behavioral or emotional difficulties which impact their academic success. Below are the steps for referring a child who you believe could benefit from services aimed at improving their chances of success.

Please be aware that these children must have Medicaid as their insurance. We are not currently able to provide school-based services for children with only private insurance due to billing limitations, but DO NOT hesitate to refer any child as we may be able to assist the families in other ways.

Included in this packet: (\*\*Pro Tip: Save this form to your laptop for even faster access.)

- 1) Student referral form
- 2) Parent Permission Form (ROI)
- 3) Information letters for parents

Steps for school-based referral:

Step 1: Send referral forms and release of information to the parent

Step 2: Forms are completed and returned to you

Step 3: Fax/Send **completed** paperwork to your contact person at the address below

Step 4: HCI staff will contact parent regarding an intake assessment

Step 5: After the assessment appropriate services may begin at school

Many of the students seen last year may continue to have an open chart with us. Our staff will be checking in with parents and with school personnel to determine if these children continue to need services. New referrals and releases are *not* needed for those students participating in continued services. If you know that a child has moved to a different school, it would be helpful if you could provide that information.

If you have any questions, feel free to ask the Hamilton Center staff assigned to your school. You may also contact Erika McKinney at (812) 231-8103. Thank you for partnering with us to help ensure the success of the young people of our community.

## Contact Info:

County	Contact	Title	Phone	Email
Parke/Vermillion	Amanda Adams-Washburn	Program Manager	765.569.2031	<a href="mailto:schoolreferrals@hamiltoncenter.org">schoolreferrals@hamiltoncenter.org</a>
Vigo	Dwight Weaver	Program Manager	812.231.8376	
Linton-Greene/Owen	Cindy Rotman	Program Manager	812.829.0037	
Bloomfield-Greene/Sullivan	Kathy Lawrence	Program Manager	812.847.4435	
Clay/Putnam	Monica Wallace	Program Manager	812.448.8801	
Marion/Hendricks	Julie Jensen	Program Manager	317.937.3700	



# Student Referral Form

**Student/School information:**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Referral date: \_\_\_\_\_

**Areas of concern:**

- \_\_\_\_\_ Irritability to teachers and/or peers
- \_\_\_\_\_ Withdraw from activities/isolating themselves
- \_\_\_\_\_ Self-injurious behaviors/ideations
- \_\_\_\_\_ Difficulty with attention/focus/distractibility
- \_\_\_\_\_ Difficulty or refusal to do schoolwork
- \_\_\_\_\_ Reports of family issues impacting school
- \_\_\_\_\_ Anger or aggression
- \_\_\_\_\_ Excessive tardiness or absences
- \_\_\_\_\_ Suspected abuse
- \_\_\_\_\_ Suspected substance involvement

Please provide any other important input from school or home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Referrer Contact Information:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian information:**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian contact number: \_\_\_\_\_

Address: \_\_\_\_\_

Child's insurance coverage: \_\_\_\_\_



Dear Parent/Guardian,

This permission form is being sent to you because it has been noted by school personnel that your child could benefit from extra support in that setting. If your child qualifies, school-based services can be provided to your child during the week at school. This may include therapy services, case management and/or skills training, depending on availability of the provider.

If you are interested in potentially having your child participate in school-based services, complete the attached form and return it to your child's identified school contact person. Once we receive the forms at Hamilton Center, our staff will contact you in regard to an initial assessment for your child. If your child is currently receiving services at Hamilton Center, we encourage you to continue with your current provider. Your child may be able to participate in both services.

Please note that private insurance will not cover school-based services; however, please do not hesitate to follow up with us. We may be able to assist in other ways.

Additionally, if you are a guardian of a child, Hamilton Center, Inc. will need the paperwork (actual court order OR letter of guardianship—two years old or newer) from the court system indicating you have been awarded guardianship by the court system. If you do not have paperwork from the court showing you are the legal guardian, then all enrollment paperwork will need to be signed by the parent including the referral. Likewise, if you are a Power of Attorney for the child, Hamilton Center, Inc. will also need a copy of the Power of Attorney documentation.

We hope that this school year will be successful for every student. If you have any questions about these school-based services, contact your child's school, they will put you in contact with the Hamilton Center staff assigned to your child's school or feel free to contact me at (812) 231-8103.

Thank you for your time.

Sincerely,

Erika McKinney  
Manager of School Based Services  
Hamilton Center, Inc.



# Parent Permission Form For School-based Services

School Corporation and Hamilton Center have entered a joint effort to provide your child additional services in the school setting. Hamilton Center personnel may be working with you, your child and your child's teacher to help your child work toward increased school success. All information gained from you, your child or the school will only be shared with your written permission.

Procedures used in working with your child may include:

- 1) Interviews and/or consultation with:
  - a. Classroom teacher(s)
  - b. School staff and administrators
  - c. Family
- 2) Classroom Observations
- 3) Review of school records
- 4) Individual and/or group treatment sessions

As part of our services, we also require monthly participation of the parents so that we can provide the most effective services.

\_\_\_\_\_ Yes, permission is given for the counseling services.

\_\_\_\_\_ No, permission is denied.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date