



2002 East Robinson
 Norman, OK 73071
 405-307-2800
 care@jdmc.ok.gov
 www.jdmc.org

C.A.R.E. Program Referral Form

Date of referral:		Referral source:	<input type="checkbox"/> J.D. McCarty	<input type="checkbox"/> DHS	<input type="checkbox"/> DDS	<input type="checkbox"/> Other:
** Email completed form to care@jdmc.ok.gov **						
Name of person completing the referral:						
Primary phone:		Email:				
Have you notified the caregiver of this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No					

PARENT / GUARDIAN CONTACT INFORMATION:			
Guardian's name:		Relationship:	
Primary phone:		Secondary phone:	
Address:		Email:	

Name of individual:		Date of birth:	
Address:		County:	
Gender:		SSN:	
Insurance?	<input type="checkbox"/> Unknown <input type="checkbox"/> SoonerCare/Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> TEFRA <input type="checkbox"/> Private:		
Verbal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uses communication device		
DIAGNOSES:			
Current Psych Evaluation on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Diagnosis:		<input type="checkbox"/> Confirmed with testing <input type="checkbox"/> Perceived <input type="checkbox"/> Ruled out	
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OKDHS CONTACT INFORMATION:			
CWS name:		Case status:	
Primary phone:		Secondary phone:	
KK/ Referral Number:		Email:	
CWS supervisor:			
Primary phone:		Email:	

DDS CONTACT INFORMATION:			
DDS name:		Case status:	
Primary phone:		Secondary phone:	
DDS supervisor:		Email:	
Primary phone:		Email:	

REASON FOR REFRRAL (Please list as much information as possible)

SOCIAL INFORMATION:			
Household makeup <i>(list who resides in the home and their relationship to the child/young adult):</i>			
Do any other members of the household have a diagnosed or perceived intellectual or developmental disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:	
Is there a risk for placement disruption?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain, listing timeframe if possible:	
Is there a risk for DHS involvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Explain:	
Is the client currently receiving any resources/therapies/services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:	
List any specific needs the caregiver has identified:			

EDUCATION:	
Name of school client attends:	
Does the client currently have an IEP plan on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Additional Information:	

SPECIAL CONSIDERATIONS: