



# REFERRAL FORM



## SPOTT → SPECIALIZED PLANNING OPTIONS TO TRANSITION TEAM

Date of Referral \_\_\_\_/\_\_\_\_/\_\_\_\_

Referred By \_\_\_\_\_ Email \_\_\_\_\_

Relationship/connection to the person being referred: \_\_\_\_\_

Agency (if relevant) \_\_\_\_\_ Phone \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

AKA/Nickname \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Lives with \_\_\_\_\_

Is this person currently in danger, crisis, no place to sleep?

If under 18 - Does the child/youth have a diagnosis? Please check all that apply:

- Autism
- IDD
- SED
- \_\_\_\_\_ other

Currently:

- DHS Custody (currently housed, contact info)

- Family / School setting? Describe

Gender \_\_\_\_\_ Race/Ethnicity\_\_\_\_\_

City and County of residence\_\_\_\_\_

Current Location\_\_\_\_\_

Is there a responsible party? (Guardian / Conservator)  yes  no

If yes, describe and include contact information:

\_\_\_\_\_

**BENEFITS**

MEDICAID  SSI  SSDI  VA OTHER\_\_\_\_\_

If no benefits, have they been applied for? \_\_\_\_\_

By who?\_\_\_\_\_ When?\_\_\_\_\_

If over 18, Is there a Guardian, Conservator, Surrogate, or Supported Decision Maker?  
(details)\_\_\_\_\_

Does this person currently receive services? Please describe (include CMHCs, Regional Centers, State Hospitals, HCBS services etc.

\_\_\_\_\_

If HCBS services, which type?  E&D  IDD  AL  IL  SCI/TBI

Please tell us why this person is being referred to SPOTT:

\_\_\_\_\_

\_\_\_\_\_

Please describe the current health and mental health and/or IDD status of this person:  
capacity, diagnoses, illness, support needs, communication modes, mobility issues, etc.

\_\_\_\_\_

\_\_\_\_\_

Return to Mississippi Department of Mental Health Fax 601-359-9570 or  
[Kristi.Kindrex@dmh.ms.gov](mailto:Kristi.Kindrex@dmh.ms.gov)

DMH use only

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ added to caseload: \_\_\_\_/\_\_\_\_/\_\_\_\_

This identification and referral report does not represent a binding decision, nor does it represent a commitment by SPOTT to serve in placing the person receiving services.