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| **CHILD REFERRAL REPORT FY17** |

This report must be submitted electronically to: [*MDHHS-BHDDA-Contracts-MGMT@michigan.gov*](mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov). Reports are due 1/31, 4/30, 7/31 and 10/31.

PIHP Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quarter: 1st 🞎 2nd 🞎 3rd 🞎 4th 🞎

This report is to identify the number of children who “enter” services with their mother. Though the child might not be physically present, the clinician and case manager should be asking about any concerns regarding the child/ren, and noting and tracking all referrals made for services.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Prevention Services | Treatment Services | MH Services | Other |
| # of Children Referred to: |  |  |  |  |
| # of Children Who Accessed: |  |  |  |  |
| # Who Refused Services |  |  |  |  |

**Instructions:**

1st Row: indicate the total number of children referred for each service category listed across the top. There may be some “duplication” if a child is referred for more than 1 service.

2nd Row: indicate the number of children (parents) who accessed the service they were referred to. This will require follow up with the family.

3rd Row: indicate the number of children (parents) who refused the service they were referred to.