



Referral for School-Based Behavioral Health & Substance Client Information

Name:		
DOB:		SSN:
Parent/Legal Guardian:		
Address:		
Phone Numbers:		
School Name:		
Insurance:	Type:	Ins #:
Referral Source:		

Child or Adolescent

Specify reasons for referral (check all that apply):

- | | |
|---|---|
| ☐ Academic Underachievement | ☐ Property destruction |
| ☐ Concerns about sexual health | ☐ Runaway |
| ☐ Destructive behavior/vandalism/theft | ☐ School attendance/truancy |
| ☐ Defiance or aggression towards authority | ☐ Self-harm |
| ☐ Disciplinary referrals/suspension | ☐ Stealing/theft/breaking and entering |
| ☐ Family concerns | ☐ Substance Use |
| ☐ Legal Problems (arrest, probation, DJJ) | ☐ Suicide Risk |
| ☐ Poor peer socialization | ☐ Verbal abuse/threats/fights |
| ☐ Other: | |

Referral Information

Referral Date:		
Referral Source:	☐ Self ☐ Family ☐ Hospital ☐ DSS ☐ DJJ ☐ DOJ ☒ School ☐ Other	
Agency:	Sumter Academy for Support and Intervention	
Referring Person's	Name: James A. Boone	Title: Principal
	Phone: 803-774-5900	
	Email: jamesa.boone@sumterschools.net	

Submit referral by fax to (803)905-5171 Attention: Tameka Lyles, Clinical Director. Forward a copy to Nekeisha Keith, Coordinator of Behavioral Health Services:

nekeisha.keith@sumterschools.net

***Referrals to Sumter Behavioral for substance intervention and therapy may be made after a student has been referred to the Tobacco Education Program. Referrals for mental health therapy can be made at any time, even if substance issues are not present.**