



**Mobile Crisis Referral Form (INS-F165)**  
**Youth Villages Mobile Crisis (17 & under) 866-791-9221**  
**Centerstone Mobile Crisis (18 & older) 800-681-7444**

Date: \_\_\_\_\_ Employee Making Referral: \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Insurance: \_\_\_\_\_

Does the student receive school-based services or outside services? \_\_\_\_yes \_\_\_\_no \_\_\_\_unknown

Provider: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Does the student receive services for: \_\_\_\_IEP \_\_\_\_504 \_\_\_\_ELL

Diagnoses, if any: \_\_\_\_\_

Medications, if any: \_\_\_\_\_

Previously hospitalized:                      Yes                      No                      Unsure

**Contact Student's Parent/Guardian, inform of the need & reason for a Mobile Crisis consultation and request parent/guardian permission. Additionally, request that they are present for the assessment, as needed.**

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Information needed**

Presenting Problem: *(Triggers, sequences, current stressors; What happened today?)*

### Suicidal or Homicidal Ideation:

*(Frequency, intensity, duration, onset, and setting of thoughts; Do they have a plan?; What is it?)*

Safety Plan until Mobile Crisis arrives or consultation/assessment completed:

*(Does the student have access to any weapons, sharp objects, or other children? How will the student be supervised until Mobile Crisis arrives/responds?)*

## Call Mobile Crisis

**Call made:** \_\_\_\_\_ **AM/PM**

**Consult Started:** \_\_\_\_\_ **AM/PM**

| Type of Assessment: | Phone only | Video Call | In person |
|---------------------|------------|------------|-----------|
|---------------------|------------|------------|-----------|

**Name of Crisis Counselor(s) responding:** \_\_\_\_\_

**Crisis Counselor Contact Information:** \_\_\_\_\_

**Result of Consult:**

|  |
|--|
|  |
|--|

Consult Concluded: AM/PM

**Mobile Crisis Safety Plan Provided:**                      **Yes**                      **No**

**5. Provide parent(s)/guardian(s) with Mobile Crisis contact information so that they may contact Mobile Crisis on their own for mental health emergency situations that may arise at home.**

**Scan and email the completed referral to [leadcounselors@cmcss.net](mailto:leadcounselors@cmcss.net).**

The process does not need to be duplicated if documented in the Counselor Referral System.