

CHILDREN'S DAY TREATMENT REFERRAL CHECKLIST

To ensure a complete referral to Catholic Charities Children's Day Treatment, please include the following, along with referral form:

Please note: Incomplete applications will not be considered for admission.

Referrals should include the most **current** and updated information regarding the client's presentation.

☐Clinical documentation:
☐ Most recent Diagnostic Assessment
\square Most recent testing related to cognitive functioning if applicable (i.e. Neuropsychological Evaluation)
☐ Most recent Individualized Education Plan
☐ Most recent Individualized Education Plan Evaluation
\square Copy of insurance card
\square Relevant legal documentation if applicable (i.e. custody paperwork, court orders)
☐ Caregiver contact info:
☐ Referral source/contact info:
Send completed referral and documentation to:

Kari Lewis, LICSW

Admissions Specialist Office: 612-204-8252 Fax: 612-623-2110

Email: daytreatmentadmissions@cctwincities.org