



ROI Referral Form

Referral Date \_\_\_\_\_ Type of Referral: Self/Family Referral  DMH  External Agency  \_\_\_\_\_

Has the youth/parent or young adult been Informed of this referral?  Yes  No

Participant's Name (Last, First and MI) \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Race:  Black  Asian  Hispanic  Native American  White  Other

Marital Status:  Single  Married  Separated  Divorced

Current education enrollment status:  Enrolled Full Time  Enrolled Part Time  Not Enrolled School (If Enrolled) \_\_\_\_\_

Current or Highest Grade Completed \_\_\_\_\_  Graduated  GED  Neither

Current employment status:  Employed Full Time  Employed Part Time  Unemployed

Unemployed looking for work  Unemployed, not looking for work  Unemployed volunteer

Current living situation:  Living with parent  Foster Care  Homeless  Transitional Living Facility

Own/Rent Home or Apartment  Residing with someone else

Current Legal Involvement:  Yes  No Military Affiliated:  Yes  No

Type of Legal Involvement:  DJJ  Probation/Parole  Pending Charges  Court Mandated Treatment

Are you currently receiving therapeutic services elsewhere, if so, where? \_\_\_\_\_

Reason for Referral (Check all that apply):  Mental Health  Education  Employment  Housing

Medical Care  Life Skills  Budgeting/Financial Planning  Transportation  Social Opportunity

Substance Abuse  Entitlements/Benefits  Nutrition  Mentoring  Other

Name of Person Referring or Self-Referral: \_\_\_\_\_

• Agency/Title: \_\_\_\_\_

• Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If existing SCDMH patient, please provide CID number: \_\_\_\_\_

For Current DMH Patients:  Full Case Transfer  Transition Services Only

All referrals should be sent to: Roads of Independence, 1175 North Guignard Drive, Sumter, SC 29150

Office: 803-934-4395 Fax: 803-418-5185 Email: [SCROI@scdmh.org](mailto:SCROI@scdmh.org)

A copy of this form can be located at [www.roads.sc.org](http://www.roads.sc.org) under the "Get Involved" tab

ROI Staff Use Only

Project ID Number \_\_\_\_\_ Date Referral Received \_\_\_\_\_

Date of Initial Contact with young adult \_\_\_\_\_ Appointment made:  Yes  No

Initial Appointment Date \_\_\_\_\_ 1st Clinical Appointment Date \_\_\_\_\_

Contact Attempt Dates 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_