



### ROI Referral Form

Referral Date \_\_\_\_\_ Has the youth/parent or young adult been informed of this referral?  Yes  No

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

Physical Address \_\_\_\_\_  
City, State, ZIP, County

Phone 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 \_\_\_\_\_ Current or Highest Grade Completed \_\_\_\_\_ Graduated/GED? \_\_\_\_\_

**Current employment status:**  Employed Full Time  Employed Part Time  Unemployed disabled  
 Unemployed looking for work  Unemployed, not looking for work  Unemployed volunteer

**Current living situation:**  Living with parent  Foster Care  Homeless  Residential Treatment Center  
 Hospital  Transitional Living Facility  Own/Rent Home, Apartment  Residing with someone else

Primary Care Physician \_\_\_\_\_

Type of Insurance \_\_\_\_\_ Ins. Number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

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  Nutrition  Mentoring  Other \_\_\_\_\_

Person Referring or Walk-in/Self-Referral \_\_\_\_\_ Agency/Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Requesting full transfer of clinical services to ROI MHC  Requesting participant only receive transition services

**All referrals should be sent to: Roads of Independence, 1175 N. Guignard Drive, Sumter, SC 29150  
Office 803-934-4395 • Fax 803- 418-5185 • Email SCROI@scdmh.org**

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#### ROI Staff Use Only

Referral received \_\_\_\_\_ Initial Contact with young adult \_\_\_\_\_

Project ID Number \_\_\_\_\_ Appointment made  Yes  No

Reason for Declined Services: \_\_\_\_\_

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