**COMPLETED BY:**

1. Staff providing services.

**COMPLIANCE REQUIREMENTS:**

1. Completed for any client turning 18 years (or older) who is assessed by a current Children’s Mental Health provider to be a candidate for Adult Mental Health Services.
2. Only complete this form when a direct referral to Adult Mental Health Services has not been successful.
3. This is a three part process:
   1. **Section I** – completed by the referring Children’s Mental Health provider
   2. **Section II** – completed by the Regional Program Coordinator/Designee
   3. **Section III** – Completed by Regional Program Coordinator /Designee only when the linkage is not successful

**DOCUMENTATION STANDARDS:**

1. Complete when Children’s Mental Health provider is unable to make a routine or successful referral to Adult Mental Health Services.
2. Use the Transitional Youth Referral Plan form (MHS-605) and file in the hybrid chart.