



First Name _____ Last Name _____ DOB _____

Address _____ City _____ Zip _____

School Attending _____ Grade _____ Age _____

Custodial Parent/Guardian Name(s) _____

Home Phone _____ Cell Phone _____

E-mail _____

Non-Custodial Parent Name(s) _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Reason For Referral:

Place of Concern:

School Community Home Other: _____

Community Referred Services:

ASAP Psych/Social Assessment MLADC Services

DCYF /JPPO Service Referrals:

ASAP Psych/Social Assessment HBT ISO ACTS (Tracking)

MLADC Services Therapeutic Day Treatment/ Odyssey Intensive Outpatient Program

Referral Source: _____ Contact Number: _____

SYS Staff Confirming Referral: _____ Referral Date: _____

Intake Date: _____ Time: _____ With: _____

Phone: (603) 474-3332

Fax: (603) 372-0822



Program Descriptions

ASAP – Adolescent Substance Abuse Program for adolescents with early and mid-level substance abuse issues who are not in need of inpatient or residential treatment. Our program uses the Motivational Enhancement Therapy/Cognitive Behavioral Therapy model, an evidence-based model that is comprised of an intake meeting and a combination of individual and group sessions. Parallel programming for parents provides education and support regarding adolescent substance abuse, developmental stages, mental health issues, and effective communication with teens. *This service is for community and DCYF/JPPO referrals.*

Psych/Social Assessment – An evaluation of an individual’s mental health, social status, and functional capacity within the community. *This service is for community and DCYF/JPPO referrals.*

MLADC Services - MLADC services entail a comprehensive chemical dependency assessment. *This service is for community and DCYF/JPPO referrals.*

HBT – Home-Based Therapy Services are implemented to assist families in resolving abusive, neglectful, delinquent, and children in need of services (CHINS) behaviors. Goals of treatment include improving interpersonal relationships and communication within the family, preventing the placement of a child in out-of-home care, reducing the recurrence of juvenile delinquent or status offenses, improving the child’s well-being in the home and community, and stabilizing the child and family through therapeutic support. *This service is for DCYF/JPPO referrals.*

ISO –Individual Service Options are utilized prior to placing a child in a residential care facility for crisis stabilization. Services include family and/or individual therapeutic support, case management, crisis stabilization to include respite options, and coordination of services. *This service is for DCYF/JPPO referrals.*

ACTS (Tracking) - Adolescent Community Therapeutic Services are intended for youth who are exhibiting acting-out behaviors in the home, school, or community. Services include strength-based support to monitor behavior and activities, assistance with searching for and maintaining employment, crisis intervention, family intervention, ongoing assessments for health and safety, behavior management, and therapeutic recreational activities. *This service is for DCYF/JPPO referrals.*

Therapeutic Day Treatment / Odyssey Intensive Outpatient Program - The Odyssey Intensive Outpatient Program (OIOP) for adolescents/young adults. This program provides a structured, intensive, hand on, educational treatment experience for young people, ages 14-18, struggling with substance use and mental health issues. Meeting four days a week after school, OIOP provides a safe and engaging program based on strength-based best practices. Qualified staff assist each participant in developing individualized goals based on OIOP values. Adventure-based activities and Mindfulness-based recovery skills are an important part of the OIOP. Family members participate in a weekly family support group and have the availability to engage in family therapy. *This service is for community and DCYF/JPPO referrals.*