



**KVC**  
Kentucky

*people matter*

Date

Email Referrals to aharris@kvc.org  
 Fax: Referrals to (859) 254-2075  
 Contact our office at (859) 254-1035  
 900 Beasley Street,  
 Lexington, KY 40509

## IMPACT Plus Referral

### Referral Source

Name	Agency	Position	Contact Information

### Child Information

Name of Child	Date of Birth	Social Security	Medicaid Number/MCO

### Guardian Information

Name & Relationship to child	Address	Phone Number

Is the client currently committed to DCBS or DJJ?

Does the client have a current CPS/DCBS/DJJ Case worker? If so list below

Name of Worker	Agency	Address	Phone and Fax

### Most Recent Diagnosis Information:

- Axis I:
- Axis II:
- Axis III:
- Axis IV:
- Axis V:

Diagnosing Clinician:

Date Diagnosed:

Does the referral source have any knowledge of suicidal or homicidal ideation?

If yes, has a safety plan been developed? (please attach)