



FC-STARS Frederick County

Stand Tall and Remain in School Student Referral Form

Date _____

Referred by _____ Email _____

School Point of Contact _____ Phone Number _____

CASS Coordinator Assigned to School _____

*Biological Parents Married Divorced Legally Separated Deceased Never Married

*Is there a court order that establishes custody/guardianship? No Yes

**If legal custody has been determined by the courts, ABH requires a copy of the Court Order - including CINA, Foster Care orders, and legal custody held by relatives. **

Custodian Name _____ Relationship _____

Home Phone _____ Work/Cell Phone(s) _____

*Client's Legal Name _____ Primary language _____

*Date of Birth _____ Gender _____ Race _____

*Address (include zip code) _____

Does the student have insurance? Yes No

11-digit Medical Assistance # _____

Commercial Insurance Name and ID # _____

Commercial Insurance Group # _____

Commercial Insurance Holder's Name and DOB _____

Does the client speak English? Yes No Does the family need an Interpreter? Yes No

School client attends (or should/will attend) _____ Grade _____

Does the student have another mental health provider? Yes No

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Attendance Concerns _____

Percentage of Absences _____ Absence Pattern (if applicable) _____

History of school attendance issues _____

Presenting Concerns

Describe concerns regarding school refusal/school engagement challenges and mental health (e.g., behaviors observed, duration, known triggers). _____

Interventions Already Tried by School (Check all that apply):

- Parent/Guardian Meeting
- CASS or PPW Involvement
- SST or IEP/504 Meeting
- Counseling/Check-Ins
- Truancy Letter Sent
- Other: _____

Additional Relevant Info (e.g., trauma history, hospitalizations, family dynamics): _____

Attachments (if applicable):

- Attendance report
- Behavior plan
- SST notes
- Other:

Submit this referral to:

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APinchot@abhmaryland.com
Office: (301) 345-1022 x7020
Fax: (301) 560-5558

Nancy Malone
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