

MENU OF SERVICES & REFERRAL FORM

SCHOOLS & SERVICES

Please select which service(s) is being requested and complete the attached referral form.

Athol-Royalston					
AHS (9-12)	<input type="checkbox"/> BH	<input type="checkbox"/> MED	<input type="checkbox"/> CR	<input type="checkbox"/> ACRA	<input type="checkbox"/> YM
ARMS (5-8)	<input type="checkbox"/> BH	<input type="checkbox"/> MED	<input type="checkbox"/> CR		
ACES (K-4)	<input type="checkbox"/> BH	<input type="checkbox"/> MED	<input type="checkbox"/> CR		

Narragansett Regional					
NRHS (9-12)	<input type="checkbox"/> BH	<input type="checkbox"/> MED	<input type="checkbox"/> CR	<input type="checkbox"/> ACRA	<input type="checkbox"/> YM
NMS (5-8)	<input type="checkbox"/> BH	<input type="checkbox"/> CR	<input type="checkbox"/> ACRA	<input type="checkbox"/> YM	

RC Mahar Regional					
RCM (7-12)	<input type="checkbox"/> BH	<input type="checkbox"/> MED	<input type="checkbox"/> CR	<input type="checkbox"/> ACRA	<input type="checkbox"/> YM

Gardner					
GHS (8-12)	<input type="checkbox"/> BH	<input type="checkbox"/> CR	<input type="checkbox"/> ACRA	<input type="checkbox"/> YM	
GALT (9-12)	<input type="checkbox"/> BH	<input type="checkbox"/> CR	<input type="checkbox"/> ACRA	<input type="checkbox"/> YM	
GMS (5-7)	<input type="checkbox"/> BH	<input type="checkbox"/> CR			
GES (PreK-4)	<input type="checkbox"/> MED				

Winchendon					
MHS (9-12)	<input type="checkbox"/> BH	<input type="checkbox"/> MED	<input type="checkbox"/> CR	<input type="checkbox"/> ACRA	<input type="checkbox"/> YM
MMS (6-8)	<input type="checkbox"/> BH	<input type="checkbox"/> MED	<input type="checkbox"/> CR	<input type="checkbox"/> ACRA	<input type="checkbox"/> YM
TES (3-5)	<input type="checkbox"/> MED	<input type="checkbox"/> CR			
MES (K-2)	<input type="checkbox"/> MED	<input type="checkbox"/> CR			

PROGRAM DESCRIPTIONS

BH Behavioral Health: Our school based virtual program provides counseling services between a licensed therapist and student. The therapist works with students (and their families) to develop better cognitive and emotional skills, reduce symptoms, and cope with various life challenges.

CR Community Resources: A school based Community Health Worker (CHW) works alongside school personnel to help students and families to access a variety of services and locally based resources. These resources may include food, clothing, fuel assistance, support groups and more. The CHW will guide families and assist with navigating the application process if needed

MED School Based Health Center/TeleMed: Heywood's School Based Health Centers offer onsite and virtual healthcare services to students grades K-12 at select school districts. We support a whole-child approach to wellness by a care team who provides medical and behavioral health services by appointment. Our care teams include Nurse Practitioners, Behavioral Health Clinicians, and Community Health Workers.

YM Youth Mentor (Project Amp): Project Amp is a short term mentorship program that helps students reach their goals in health and wellness, family and friend relationships, and academics. Project Amp addresses common issues such as alcohol and drug use, peer influence, and stress, which can impact health, relationships, and academic success now and in the future.

ACRA A-CRA Program: The Adolescent Community Reinforcement Approach (A-CRA) Program treats teens, ages 12-18, who are dealing with substance use and co-occurring mental health issues. A-CRA is a 13 week therapy model that focuses on developing positive coping skills, improved communication skills, and enhanced problem solving skills to decrease incidences of unhealthy coping skills such as substance use, self-harm, and aggressive behaviors.

**For more information
or any questions, please
contact us:**

sbtelehealth@heywood.org





ATHOL HOSPITAL | HEYWOOD HOSPITAL | HEYWOOD MEDICAL GROUP | QUABBIN RETREAT
SCHOOL BASED SERVICES

REFERRAL FORM

Date: _____

Student's Name: _____

Sex: ☐ Male ☐ Female ☐ Transgender ☐ Non-Binary ☐ Other Pronouns: _____

Address: _____

Student's Cell: _____ DOB: _____

Insurance type: ☐ Commercial ☐ Masshealth ☐ None ☐ Unsure

Parents/Guardians: _____

Phone: _____ Alt Phone: _____

Email: _____

Who does student live with: _____

Grade: _____ Student's School District: ☐ Athol-Royalston ☐ Gardner ☐ Narragansett Regional
☐ RC Mahar Regional ☐ Winchendon

Does student have: ☐ IEP ☐ 504 ☐ N/A ☐ In process If yes, who is their Liaison: _____

Area(s) of concern/needs:

Behavioral:

- ☐ Academics
- ☐ Behavioral Issues
- ☐ Family Dynamic
- ☐ Self Harm
- ☐ Social/Emotional
- ☐ Substance Use

Community Resources:

- ☐ Additional Support Services
- ☐ Clothing
- ☐ Employment/Volunteer
- ☐ Housing
- ☐ Food
- ☐ Insurance assistance

Medical:

- ☐ Coordination of medical care
- ☐ Financial Hardship
- ☐ Limited Access
- ☐ No PCP
- ☐ No/ Limited transportation
- ☐ Screenings

Does the student have any existing mental health or medical diagnoses? ☐ Yes ☐ No

If yes, please specify: _____

Any current involvement with: ☐ Therapist ☐ DCF ☐ Psychiatrist ☐ DMH ☐ In-Home Support Services

If yes, please specify: _____

Reason for referral:

Strengths/ Interests:

Referred by: _____ Phone: _____

**Submit completed form to your School Based Community Health Worker
or email to sbtelehealth@heywood.org**