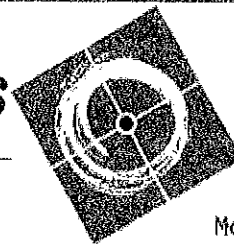


Youth Outreach Services



Who We Are

A group of Bachelor's and Master's level counselors and therapists who want to help children and their families be happier and more successful

McLEAN COUNTY
Center for
Human Services

What We Do:

- Meet with kids in their natural environments (home, school, community) where they are more comfortable
- Offer services to families who might find it difficult to attend appointments in the office setting (due to transportation, work schedules, or other issues)
- Help families to understand and learn coping skills to help their struggling youth.

How do we help?

- Talk about and explore emotions
- Play therapeutic games and activities
- Increase coping skills
- Utilize Cognitive Behavioral Therapy, Motivational Interviewing, Play Therapy, Trauma Based Cognitive Behavioral Therapy and others.
- Consult with parents, teachers, and other professionals
- Advocate for kids at school

Who is Eligible?

- Kids ages 4-18 who live in McLean County
- Have the medical card or belong to one of the ACA managed care companies OR do not have insurance/are underinsured and meet the 2015 200% Federal Poverty Guidelines
- Are struggling at home, school, or with legal involvement
- Exhibit increased sadness, anger, attention difficulties, behavior issues, have experienced trauma, or are going through a divorce or other life change

For More Information Please Contact:

Nona Waller (Outreach Coordinator/Therapist) at the office or call and ask for the screening department

McLean County Center for Human Services
108 West Market St
Bloomington, IL 61701
Website: www.mcchs.org

Phone: 309-827-5351
Fax: 309-829-6808
Nona's E-mail:
philippe@mcchs.org

2016 200% Poverty Guidelines

Annual Earnings	
Family Size	Poverty Guideline
1	\$23,760
2	\$32,040
3	\$40,320
4	\$48,600
5	\$56,880
6	\$65,160
7	\$73,460
8	\$81,780
For households with more than 8 people, add \$4,160 for each additional person per year.	

Monthly Earnings	
Family Size	Poverty Guideline
1	\$1,980
2	\$2,670
3	\$3,360
4	\$4,050
5	\$4,740
6	\$5,430
7	\$6,122
8	\$6,815
For households with more than 8 people, add \$347 for each additional person per month.	

DATE: _____

ID#: _____

OUTREACH/MENTAL HEALTH JUVENILE JUSTICE PROGRAM REFERRAL FORM

IDENTIFYING DATA

Youth Name: _____

Sex: M F DOB: ____/____/____ Age: ____ School attending: _____

Address: _____
Apartment/Street _____ Mclean County
City _____ State _____ Zip Code _____

Emergency Contact/Guardian: _____
Name _____ Relationship _____ Phone: (____) _____

PRESENTING PROBLEMS/SYMPTOMS (place a check mark in the box next to any characteristics displayed by the individual)

- | | |
|--|--|
| <input type="checkbox"/> Prior diagnosis of schizophrenia or psychosis | <input type="checkbox"/> Seeing things that are not real |
| <input type="checkbox"/> Prior diagnosis of depression, bipolar, or mania | <input type="checkbox"/> Reporting strange sensations (e.g. things crawling on them) |
| <input type="checkbox"/> Youth is currently taking psychotropic medication | <input type="checkbox"/> Bizarre Behavior |
| <input type="checkbox"/> Sad or depressed emotionally | <input type="checkbox"/> Unusual or difficult to follow speech |
| <input type="checkbox"/> Very irritable emotionally | <input type="checkbox"/> Strange appearance or mannerisms |
| <input type="checkbox"/> Withdraws from or avoids contact with others | <input type="checkbox"/> Rapid or pressured speech |
| <input type="checkbox"/> Sleep difficulties | <input type="checkbox"/> Extreme grandiosity |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Inability to control him/herself |
| <input type="checkbox"/> Hearing voices or other sounds that are not real | |
| <input type="checkbox"/> DCFS Involvement | |

RATIONALE FOR REFERRAL/ADDITIONAL COMMENTS

REFERRAL SOURCE INFORMATION

Referring Entity _____ Person Completing Form _____
Referral Phone _____

CHS STAFF TO COMPLETE BELOW

Youth RIN _____
Screen _____ Intake _____
Time and Date _____ Time, Date, Location _____

