

Maple Shade
Mental Health Clinic



23704 Ocean Gateway
Mardela Springs, MD 21837
Phone (410) 677-0202
Fax (410) 677-0303

11760 Somerset Avenue
Princess Anne, MD 21853
Phone (410) 621-5177
Fax (410) 621-5050

382 West Main Street
Crisfield, MD 21817
Phone (410) 968-3547
Fax (410) 968-1078

Child and Adolescent Truancy Program Referral Form

Date of Referral:

Name of Client:

DOB:

School:

Grade:

Referral Source Name:

Referral Source Phone and Email:

Primary Caregiver (and relation):

Address:

Phone Number:

Alternative Number/Work Number:

Reason for Referral (including any risk factors or special concerns):

Client currently has Mental Health Outpatient Services
Provider:

Client currently has other Agency involvement
Agency Information:

Please check the level of need:

LEVEL ONE- Lowest need- At risk of being truant
-frequent tardiness
-unexcused absence 3 times a month

LEVEL TWO- Medium need- truant
-frequent tardiness
- 4 unexcused absences a month

LEVEL THREE- High need- Chronic truant (at risk or involved with truancy court)
-Absent weekly
-Enrolled in truancy
-Possible need for mental health services

Student's Parent/Guardian is aware of this referral and agrees to Maple Shade Youth & Family Services to contact them at the above phone number.

Students Parent/Guardian gives permission for Maple Shade Youth and Family Services to communicate and coordinate with the referring source.

Please submit this referral to Jessica Rowlands at Jrowlands@maple-shade.org. If you have any questions, please direct them to this email or her cell phone at 443-783-0410. If you have an updated attendance record, please include in the email.