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#1107-7330-137 Street, Surrey, BC, V3W 1A3 Phone: 604-597-0205 Fax: 604-597-0488 CHILD AND YOUTH MENTAL HEALTH PROGRAM REFERRAL FORM Referral Date: Referral Taken By: Referral Source Name: Agency: Phone#: Childs Name: Childs D O B: Address: Phone #: Mothers Name: Fathers Name: Language Spoken at Home: Parents Aware of Referral: Yes No Contact Person: (if parents are not guardians of referred child...

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### [HS-051\\_PROBATION\\_MEDICAL\\_MENTAL\\_HEALTH\\_CLEARANCE\\_FORM\\_RULE?](#)

Probation Medical and Mental Health Clearance Form PROBATION MEDICAL AND MENTAL HEALTH CLEARANCE FORM THIS FORM MUST BE COMPLETED PRIOR TO THE YOUTH BEING ACCEPTED FOR DETENTION SCREENING Youths Name: DOB: Todays Date: Arresting Agency: PART 1 SERIOUS PHYSICAL CONDITION: F.S. 985.115(2)(c) requires that instead of the department accepting a youth suffering from a physical condition who appears to be...

**File name:** hs-051-probation-medical-mental-health-clearance-form-rule.pdf?sfvrsn=4

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### [MICROSOFT WORD - REVISING ADULT SPOA REFERRAL FORM W. COVER PG 6.2013](#)

June 2013 Oswego County REFERRAL FORM for ADULT MENTAL HEALTH CARE MANAGEMENT & ASSERTIVE COMMUNITY TREATMENT (ACT) TEAM SERVICES Submit Referrals to: Mental Health Services Coordinator (MHSC) Oswego County DSS Mental Hygiene Division 100 Spring Street PO Box 1320 Mexico, NY 13114 Phone (315) 963-5361 FAX (315) 963-5530 The MHSC, under the general supervision of the Director of Community Services ...

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### [LAYOUT 1](#)

Do you work in NHS mental health services? Are you interested in getting involved in research? The Mental Health Research University-based research In addition, the commercial Network (MHRN) is part of teams are often looking for organisations we support the Department of Healths mental health professionals often want clinicians to give National Institute for Health who can offer advice on the expert v...

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