

**Shawn McGill MSW Consulting Inc.**  
 448 Butler St.  
 Pittsburgh, PA 15223  
 Phone: 412-781-3829; Fax: 412-774-2240  
 Email: [referrals@shawnmcgillmsw.com](mailto:referrals@shawnmcgillmsw.com) ; website: [www.shawnmcgillmsw.com](http://www.shawnmcgillmsw.com)

### Referral Form

**Information on Referral Source** (person making the referral)

<b>Date:</b>		
<b>County Providing Services:</b>		<b>AE Phone# and Email:</b>
<b>Name (Last):</b>	<b>Name (First):</b>	<b>MI:</b>
<b>Relationship/Entity:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>		<b>Email:</b>
<b>Nature of Service Requested</b> (list all that apply):		
<input type="checkbox"/> Risk Screening for Problematic Sexual Behaviors (sexual offender)		<input type="checkbox"/>
Development of Behavior Support Plan		
<input type="checkbox"/> Intensive Consult (problematic sexual behaviors)		<input type="checkbox"/>
Functional Behavior Assessment		
<input type="checkbox"/> Sexual Consent Screening		<input type="checkbox"/>
Ongoing Behavioral Support/Consultation		
<input type="checkbox"/> Other (please list):		
<b>Funding Source</b> (list all that apply):		
Private Pay		<input type="checkbox"/>
<input type="checkbox"/> ODP Consolidated Waiver (list funding county):		<input type="checkbox"/>
UPMC Medical Assistance Insurance		
<input type="checkbox"/> Adult Autism Waiver (list funding county):		<input type="checkbox"/>
UPMC Commercial Insurance		
<input type="checkbox"/> Base Funds (list funding county):		
		<b>Insurance ID#</b>

**Client Information** (person referred for service)

<b>Name (Last):</b>		<b>Name (First):</b>	<b>MI:</b>
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Phone:</b>		<b>Email:</b>	

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<b>DOB:</b>	<b>MA #</b>
<b>Is There a Legal Guardian?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Guardian's Name &amp; Contact Info:</b>

**Actions Needed Prior to Service Start:**

<b>Notes/Additional Information:</b>
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**Please note the following:** once referrals are received by the Program Manager, careful review is completed to determine whether or not the service can be fulfilled. Communication with the referring party will occur to indicate the status of the referral. Within 3-5 business days our team will identify whether or not we are able to accept the referral based on staffing availability. Services should **not** be authorized until we have communicated whether or not we have accepted the referral. If referral acceptance is communicated, our services will begin once the service authorization and/or service contract is received.