Youth Crisis Residents (YCR)

Program Referral Form

Thank you for your referral. Please complete all applicable sections below. This information will assist our team in determining eligibility and ensuring timely access to services.

Referring Provider Information

1. Referring Person's Full Name:_____

2. Organization/Agency Name (if applicable):_____

3. Referring Person's Phone Number:_____

4. Referring Person's Email Address:_____

Participant Information

5. Participant's Full Name:_____

6. Date of Birth:_____

7. Participant's Home Address:_____

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8. Participant's Phone Number (if age 16 or older): _____

9. Participant's Email Address (if age 16 or older):_____

Parent/Guardian Information

10. Primary Parent/Guardian/Caregiver Name:_____

11. Parent/Guardian Phone Number:_____

12. Parent/Guardian Email Address:_____

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Communication Authorization

13. May YCR leave voicemail messages and/or send text messages regarding appointments and services?

☐ Yes ☐ No

Referral Information

14. Reason for Referral

Please provide a brief summary of the participant's current concerns, symptoms, challenges, or service needs:

_____

_____

_____

_____

_____

Requested Service(s)

15. Please select the service(s) being requested:

☐ Partial Hospitalization Program (PHP)

☐ Intensive Outpatient Program (IOP)

☐ Supported Employment Program (Ages 16–25)

☐ Unsure – Please Contact for Screening

Insurance Information

16. Primary Insurance Company:_____

17. Insurance Member ID (Optional):_____

18. Secondary Insurance (if applicable):_____

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Additional Information

19. Please share any additional information that may assist our clinical team in determining service needs, including safety concerns, diagnoses, current providers, educational status, employment status, or special accommodations.

Referral Submission

Please submit completed referrals and supporting documentation to:

Youth Crisis Residents (YCR)
6300 Hardwood Drive
Lanham, Maryland 20706

Phone: 443-478-6089

Fax: 240-366-7076

Email: info@youthcrisisresidents.com

A member of our team will contact the participant and/or parent/guardian within two business days of receiving the referral.

YCR Staff use only: **Date/Time Received: _____**
Additional follow up: