

Bradley REACH at Apalachee Center

Partial Hospitalization Program (PHP) - Intensive Outpatient Program (IOP)
Guardian Referral Form

Dear Parent/Legal Guardians,

Thank you for your interest in Bradley REACH at Apalachee Center! Please take some time to read below about our two virtual available programs. Each contain similar requirements and intake process but differ in the daily duration, frequency, and intensity of treatment. Once you complete and submit this referral, our clinical staff will reach out to you to schedule and complete an intake session with you and your child. *They can then guide you towards the program most beneficial to your child and family.* Looking forward to starting this journey with you!

- Bradley REACH at Apalachee Team

Bradley REACH Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP) are day and afternoon programs that typically occur five days a week for teenagers who might struggle in school and with serious emotional, behavioral, or relationship issues. Our programs are designed to build coping skills, reduce, or eliminate self-harming behaviors, manage the symptoms of anxiety and depression and avoid inpatient hospitalization. Telehealth allows patients to participate in the program while living safely at home. It makes it easy for families to play an active role in their teenager's care.

If you want more information please visit www.bradleyreach.org

What is the difference between PHP and IOP?: The main difference between a PHP and IOP is the intensity, duration and frequency of treatment. For instance, our PHP is five days a week for six hours a day. During the week the child would engage in three daily groups as well as twice a week individual and family therapy sessions. On the other hand, our IOP program is five days a week for three hours a day. During the week the child would engage in two group sessions daily as well as once a week individual and family therapy sessions.

How do I make the choice between whether a PHP or an IOP is right for my child/family?: We understand that this is an important question for you and your family. In short, the decision between a PHP and IOP comes down to several factors including the severity of your child's mental health struggles, level of engagement from the family and insurance coverage. We would love to help you make the best decision. Please read below about the requirements for both programs and select all that you agree to. Once this referral is submitted a member of our clinical team will reach out to schedule an intake and can then walk you through the program that will be most beneficial to your child and family.

Partial Hospitalization Program (PHP) Requirements

An adolescent referred to PHP must be: (Please check boxes stating you agree)

- Willing to engage in a fully remote program – Monday through Friday 8:00 a.m. to 2:00 p.m.
 - Family willing to support the adolescent's engagement and participate in twice weekly family therapy sessions
 - Understand that the program, on average, lasts approximately 18-22 business days
-

Intensive Outpatient Program (IOP) Requirements

An adolescent referred to IOP must be: (Please check boxes stating you agree)

- Willing to engage in a fully remote program: *(please select preferred time)*
 - Monday through Friday 8:00 a.m. to 11:00 a.m.

OR

- Monday through Friday 12 p.m. to 3 p.m.
- Family willing to support the adolescent's engagement and participate in once a week family therapy sessions
- Understand that the program, on average, lasts approximately 18-22 business days

Please email referrals to:
bradleyreferrals@apalacheecenter.org

Bradley REACH at Apalachee Center

Partial Hospitalization Program (PHP) - Intensive Outpatient Program (IOP)
Guardian Referral Form

Client Information

Last Name: Click or tap here to enter text. First Name: Click or tap here to enter text. Preferred name: Click or tap here to enter text.

Gender: Choose an item.

Gender identity: Click or tap here to enter text.

Date of Birth: Click or tap to enter a date.

Age: Click or tap here to enter text.

Preferred Language: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Home Address: Click or tap here to enter text.

Insurance: Click or tap here to enter text.

Insurance #: Click or tap here to enter text.

Parent/Legal Guardian Information

Guardian's Name: Click or tap here to enter text.

Relationship to youth: Click or tap here to enter text.

Main Phone: Click or tap here to enter text. Work Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Preferred Language of Parent/Guardian: Click or tap here to enter text.

Preferred method of contact: Main Phone Work Phone Text Email

Mental Health Challenges

Has your child experienced a recent decline in academic performance or is exhibiting refusal to attend school? Yes No

If yes, please describe: Click or tap here to enter text.

Is your child currently or do they have a history of using or abusing substances? Yes No

If yes, please describe: Click or tap here to enter text.

Has your child struggled with suicidal thoughts or actions? Yes No

Have these thoughts/actions resulted in an inpatient psychiatric hospitalization (ie. Baker Act)? Yes No

If yes to either of the above two questions, please describe: Click or tap here to enter text.

Please describe any other mental or behavioral challenges your child has been experiencing: *(ie. depression/anxiety symptoms, self-harm, eating disorder symptoms, or aggression)*

Click or tap here to enter text.

Please email referrals to:
bradleyreferrals@apalacheecenter.org

Bradley REACH at Apalachee Center

Partial Hospitalization Program (PHP) - Intensive Outpatient Program (IOP)
Guardian Referral Form

Mental Health Treatment

Is the adolescent currently receiving Mental Health Services? Yes No

If yes, what services? (Check all that apply):

- Counseling Applied Behavior Analysis (ABA) Psychiatry
 Targeted Case Management Other: [Click or tap here to enter text.](#)

Is your child currently taking any mental health medications? Yes No

If yes, please list the medications: [Click or tap here to enter text.](#)

Family Readiness Information

Was youth made aware of this referral? Yes No

Did youth agree to participate? Yes No

Do you (the family) foresee any barriers to attending regular family sessions? Yes No

If yes, indicate why: [Click or tap here to enter text.](#)

Would you, as the guardian, have any concerns Bradley Team members contacting youth's school? Yes No

If yes, indicate why: [Click or tap here to enter text.](#)

As the guardian, would you be willing to work with Bradley Team to improve the structure and communication in youth's home? Yes No

As the guardian, are you willing to set goals and implement treatment strategies in the home when it is recommended?
 Yes No

Date of Referral: [Click or tap to enter a date.](#)

To submit referral:

- Save this file with the following child's first initial last name – Bradley REACH Referral – PHP.IOP
 - Example: JDoe – Bradley REACH Referral Guardian – PHP.IOP
- Please make sure the referral is completed in its entirety. Missing or blank referral sections will be returned to be completed.
- Email referral to bradleyreferrals@apalacheecenter.org
- Any questions or concerns about the referral process can be directed to bradleyreferrals@apalacheecenter.org

Please email referrals to:
bradleyreferrals@apalacheecenter.org