|  |  |  |
| --- | --- | --- |
| **Resource List for BHA/P Referrals**  (Fill in with local information) | | |
| Referral Type | Organization | Contact |
| DAILY LIVING NEEDS | | |
| Housing |  |  |
| Food |  |  |
| Clothing |  |  |
| MENTAL HEALTH NEEDS | | |
| Crisis Line |  |  |
| Individual Therapy (outpatient, inpatient, residential) |  |  |
| Family Therapy |  |  |
| Group Therapy |  |  |
| Psychoeducation |  |  |
| Community-based support groups |  |  |
| TESTING AND ASSESSMENT | | |
| Neurological |  |  |
| Academic |  |  |
| Speech / Language |  |  |
| FASD |  |  |
| MEDICAL NEEDS | | |
| CHA/P |  |  |
| Medication Management |  |  |
| Traumatic Brain Injury |  |  |
| Nutritional Guidance |  |  |
| SOCIAL SERVICE NEEDS | | |
| Transportation Assistance |  |  |
| Disability Services |  |  |
| Head Start / Preschool |  |  |
| Educational Assistance |  |  |
| Legal Assistance |  |  |
| Transitional Services |  |  |
| Vocational Training |  |  |
| Subsistence Activities |  |  |