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| **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 |  |  |