

## REFERRAL FORM

Referral Number given by SWF # \_\_\_\_\_

Student Name \_\_\_\_\_

Name of School Mental Health Staff or Other Mental Health Professional/Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

School Name/Organization Name \_\_\_\_\_

School District \_\_\_\_\_

**This student is being referred to Second Wind Fund (SWF) for the purpose of covering the costs of up to twelve counseling sessions with a SWF authorized therapist.**

### Procedure for school mental health staff or other mental health professional/physician:

1. **School mental health staff or other mental health professional/physician makes a referral to Second Wind Fund (SWF) at 303-988-2645 or <https://thesecondwindfund.org/refer-a-youth/>.** SWF will confirm that there is a suicide risk, ask for additional information about the youth and their insurance/Medicaid information, and about financial need for this youth. SWF will keep the youth's information confidential. Once approved, SWF will provide a referral number.
2. **SWF Referral Form** – Write the youth's name and SWF referral number above, fill out this form with your contact information.
3. **SWF Release of Information/Liability Waiver Form** – The parent/guardian and student will sign the SWF Release/Liability form at the top and bottom.
4. **Make three copies of each form** – Please keep one copy of each SWF form in a confidential file at the school/organization and give two copies of each to the youth/family. Please also give the youth/family the current List of SWF authorized therapists from the email we send you.
5. **Two weeks after the SWF referral is authorized, the school mental health staff or other mental health professional/physician needs to follow up and call the youth/parents/guardians to verify that therapy has started.** If not started, please encourage them to call a SWF therapist from the SWF list to schedule therapy.

### Parent/guardian and/or student responsibilities:

1. **As soon as possible, call one or more SWF therapists** from the SWF list of authorized therapists to schedule therapy. Please identify yourself as a Second Wind Fund client. We have asked the therapist to call you back within one business day and to schedule an appointment within seven days (if they are taking new clients). SWF wants your child/teen to begin therapy within one week. The school mental health staff or other mental health professional/physician has been asked to follow up with you after two weeks to ask if therapy has started and if not, encourage you to start reaching out to therapists.
2. **On your first appointment with the SWF therapist**, bring this completed SWF Referral Form and the signed SWF Release of Information Form/Liability Waiver.
3. **If there is an emergency, call 911** or go to the nearest hospital emergency room. The **24-Hour Suicide Prevention Hotline is 1-800-273-8255**. If there are questions or concerns regarding this SWF referral, please contact the SWF Program, Monday–Friday, at 303-988-2645.