



## Child & Family Focus, Inc.

Certified Peer Support for Transition Age Youth (Ages 14-26)

Licensed Practitioner of the Healing Arts (LPHA) Recommendation

### Young Person's Information:

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Name of Young Person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary MH Diagnosis (Include DSM V code): \_\_\_\_\_

Secondary MH Diagnosis (Include DSM V code): \_\_\_\_\_

Additional MH Diagnoses (Include DSM V codes): \_\_\_\_\_

Any History of the following (Check all that Apply):

- Trauma
- Suicidal Thoughts/Attempts
- Homicidal Thoughts/Actions
- Aggressive/Assaultive Behavior

Are there weapons in the home: Yes  No

Please explain any checked boxes: \_\_\_\_\_

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### Description of the Young Person's Functional Impairment:

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I attest this Young Person exhibits functional impairment that interferes with or limits performance (relative to the person's ethnic or cultural environment) in at least one of the following domains:

- Achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive communicative, or adaptive skills
- Role functioning in one or more major life activities including basic daily living skills (e.g., eating, bathing, dressing)

- Instrumental living skills (e.g., maintaining a household, managing money, getting around the community, taking prescribed medication)
- Functioning in social, family, and vocational/educational contexts

Describe the Young Person’s functional impairment(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CPS Service Objectives:**

Areas of support to be targeted during the delivery of CPS Services (check all that apply):

- Self-Maintenance/Daily Living Skills
- Resiliency/Recovery Planning
- Identification of Community Supports
- Educational/Vocational Support
- Social Development
- Transitional Planning/Independent Living
- Other – Specify: \_\_\_\_\_

**LPHA’s Information and Signature:**

Name: \_\_\_\_\_ Type of Practitioner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

NPI: \_\_\_\_\_ Promise ID Number: \_\_\_\_\_

I hereby certify and recommend the above-named Young Person for Certified Peer Support Services. Only Practitioners who participate in Medical Assistance may recommend CPS Services.

\_\_\_\_\_  
LPHA’s Signature and Credentials\*

\_\_\_\_\_  
Date

\*Signature must be that of a Physician, Physician’s Assistant, Certified Registered Nurse Practitioner, Psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor, or Licensed Marriage and Family Therapist to qualify.

Please submit the completed Referral and LPHA forms to:  
Nikki Kline, MA-MT, TAY CPS Program Director  
[nkline@childandfamilyfocus.org](mailto:nkline@childandfamilyfocus.org)

If you have any questions, please contact the TAY CPS program at 215-957-9771 ext. 403