



**LUZERNE INTERMEDIATE UNIT**

368 Tioga Avenue  
Kingston, Pennsylvania 18704-5117

## Referral Form

Dual Diagnosis

CSBBH

Partial

IBHS - Individual

WBA Partial

Lighthouse Academy

**Intake Information** (completed for all clients)

Date of Referral \_\_\_\_\_ Completed by \_\_\_\_\_

Referral Source (Name/Agency): \_\_\_\_\_

Client \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ County \_\_\_\_\_

Client MA # \_\_\_\_\_ SSN \_\_\_\_\_

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

Grade \_\_\_\_\_ Room No. \_\_\_\_\_ Teacher \_\_\_\_\_

Insurance (select one)    MA    Private    Other (Please Specify) \_\_\_\_\_

Is the student receiving special education services (includes speech only)      Yes      No

If Yes:

Initial Evaluation Date \_\_\_\_\_ IEP Date \_\_\_\_\_ Re-eval Date \_\_\_\_\_

Level of Service \_\_\_\_\_ Type of Support \_\_\_\_\_

**Presenting Behaviors**

**Previous Mental Health Services**

**Please Forward To:** 368 Tioga Ave Kingston, PA 18704  
Lighthouse Academy referrals can be emailed to [jlastovica@liu18.org](mailto:jlastovica@liu18.org)  
WBA Partial referrals can be emailed to [jlupini@liu18.org](mailto:jlupini@liu18.org)  
Fax: 570 287-5721

- **CSBBH Team Only, Forward To:** Guidance