



The Moore Center
Creating opportunities for a good life.[™]

Moore Center Clinical Services

Referral for Risk Assessment

Client Name:

DOB:

Date of referral:

Referral Source:

Service Coordinator/Company:

Region:

Reason for Referral for Risk Assessment:

Specific Referral questions?

List applicable core team members and contact information:

Guardian: (*please attached full guardianship order*)

Family:

Residential Vendor:

Day Service Vendor:

Behaviorist:

START Coordinator:

Other:

Current Profile (Brief demographic information, current diagnoses, service description):

Client Duck # (if applicable)

Medicaid ID #:

Required documentation with referral:

____ Full guardianship order (if applicable)

Upon referral, there may be a waitlist. Once there is availability, service coordinator will be responsible for securing funding, consents, and records sharing.

The reports will have a 90 day turnaround once consents, funding, and records are in place unless otherwise specified. Unforeseen or case-specific changes to timeline will be discussed with the team. One consultative hour with the assessor after the assessment is completed, to review questions with the core team members, may be included in the cost.

Please return this completed form and attachments to:

Katherine Nault LICSW: katherine.nault@moorecenter.org

Fee Schedule is subject to change.

Risk Assessment \$5000

Risk Assessment with ABEL/ABID \$5,500

Expedited Risk Assessment (when available) 45 day turnaround: \$6000 /\$6500 with testing