

Delaware Guidance Services for Children and Youth, Inc. (DGS) Referral for Outpatient Services

Welcome! We're here to help.

Delaware Guidance Services (DGS) offers outpatient behavioral health services at all five of our locations statewide. Outpatient counseling is a process of courageous conversations with a trained therapist that can help children, teens, and parents or guardians in difficult situations. Some children need help to overcome anxiety, depression, or another kind of mental health concern. Others need to heal from the effects of a traumatic event, abuse, neglect, or family breakdown. Our therapists help children and youth learn constructive ways to deal with problems or issues.

At the beginning of treatment, the therapist and the child work together to create an individualized treatment plan with specific goals. Therapists connect with the child's parents/guardians and family members and consult with the child's school as needed. For more complex problems, psychiatric services are available as an important part of multidisciplinary treatment. When children have extremely difficult problems to overcome, medication can help with mood and behavior and put children back on track more quickly. Our psychiatry staff can determine if medication is necessary, prescribe it, follow up frequently to make sure the medicine is helpful, and watch for side effects.

To refer a child or youth for outpatient behavioral health services, **please complete page 2 and email the form to intake@delawareguidance.org** (or fax completed form to (302) 678-2458 (ATTN: Intake)).

We look forward to hearing from you!



Sometimes an issue can't wait. If a child or youth needs immediate assistance, call **1-800-969-HELP (4357)** to be connected to our Mobile Response and Stabilization Services (MRSS).

MRSS is a crisis response program available 24 hours a day, 7 days a week, to all Delaware children and youth under the age of 18. A child, parent, guardian, or other individual can call the MRSS hotline to access immediate assistance related to a behavioral health crisis. Crises may include, but are not limited to, the following:

- Homicidal Ideation, Statements, or Gestures
- Suicidal Ideation, Statements, or Gestures
- Self-Injurious Behaviors (e.g., cutting, burning, etc.)
- Verbal Aggression, Physical Aggression, or Negative Conduct
- Psychotic Symptoms (e.g., hearing voices others cannot hear, seeing things others cannot see, etc.)

1200 N. French Street
Community Education Bldg.
Wilmington, DE 19801
(302) 652-3948

216 Chapman Road
Suite 102
Newark, DE 19702
(302) 455-9333

103 Mont Blanc Blvd.
Dover, DE 19904
(302) 678-3020

31168 Learning Lane
Lewes, DE 19958
(302) 645-5338

900 Health Services Dr.
Seaford, DE 19973
(302) 262-3505

www.DelawareGuidance.org

Delaware Guidance Services for Children and Youth, Inc. (DGS)
Referral for Outpatient Services

Part 1: Person Making Referral

Person Making Referral: _____ Referral Date: _____

Relationship to Client: _____ Phone: _____

School / Facility (if applicable): _____

Part 2: Client Information

Last Name: _____ First Name: _____

Date of Birth: _____ Phone: _____

Address: _____

Client Insurance (if known): _____

Parent/Legal Guardian Name: _____

Date Parent/Legal Guardian Provided Verbal Consent for Referral: _____

Part 3: Reason for Referral (please check all that apply)

- Anxiety, panic, fear, or trauma response
- Decline in Academic Achievement
- Family Stressors, Family Conflict, Home Concerns
- Grief & Bereavement
- Homicidal Ideation, Statements, or Gestures
- Hyperactivity or Excessive Restlessness
- Peer Conflict, Interpersonal Problems, Bullying
- Problems with Attention, Focus, or Concentration
- Psychotic Symptoms (e.g., hearing or seeing things that others cannot hear or see)

- Self-Injurious Behaviors (e.g., cutting, burning)
- Sexualized Behaviors or Statements
- Substance Use or Abuse
- Suicidal Ideation, Statements, or Gestures
- Withdrawn, Sad, or Depressed Behaviors
- Verbal Aggression, Physical Aggression, or Negative Conduct
- Other (please describe): _____

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