



System of Care Across Tennessee (SOCAT) Referral Form

Referral date

Name of person referring

Name of agency, if applicable

Contact number

Email

Has the referral source provided consent to refer?

Yes

No

Not Applicable

*****For a child/youth under age 16, consent to refer/release information necessary to refer must be obtained from the child/youth's legal guardian and documented. For youth age 16 and older, consent to refer/release information necessary to refer must be obtained from the youth and documented. Referral process will only continue once consent to refer/release information necessary to refer has been received and documented. Consent to refer is not consent to participate, only to refer.*****

Contact Information

Contact name

County

Contact phone number

Alternate phone number

Permission to text

Yes

No

Direct Referrals to:

Cherokee Health System

Sevier County

Julia Pearce

Julia.Pearce@cherokeehealth.com

Phone: (865)201-8231

Fax: (865)273-1645

Pathways Behavioral Health

Madison County

Yolanda Neal

Yolanda.Neal@wth.org

Phone: (731)541-7381

Fax: (731)541-8327

Volunteer Behavioral Health Care Services

Putnam County

Georgianna Giampietro

Ggiampietro@vbhcs.org

Phone: (931)510-4362

Fax: (931)432-5838

Mental Health Cooperative

Coffee County

Cheryl Johnson

CJohnson@mhc-tn.org

Phone: (615)687-4703

Fax: (615)904-6876