



System of Care Across Tennessee (SOCAT) Referral Form

Referral date

Name of person referring

Name of agency, if applicable

Phone number of person referring

Email address of person referring

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

Parent/Caregiver contact name

County currently residing

Parent/Caregiver contact phone number

Parent/Caregiver alternate phone number

Permission to text

Yes No

*If you are interested in making a referral, please refer to our website for more information on where to send your referral or to complete an online referral: www.SOCacrossTN.org/make-a-referral/

Direct Referrals to:

Helen Ross McNabb Center

SOCAT@mcnabb.org

Phone: 865-429-0557

Mental Health Cooperative

SOCATinfo@mhc-tn.org

Phone: 615-687-4703

Tennessee Voices for Children

SOCAT@tnvoices.org

Phone: 615-981-0132

Pathways Behavioral Health

SOCAT.Pathways@wth.org

Phone: 731-541-7381

Volunteer Behavioral Health

SOCAT@vbhcs.org

Phone: 877-567-6051

Frontier Health

SOCAT@frontierhealth.org

Phone: 423-571-5439

Professional Care Services

Samantha.Hammonds@pcswtn.org

Phone: 901-622-1693