BQRTP Preliminary Recommendation - Referral Form

Revised: March 2025

Child Information		
Name:	Date of Birth:	Gender: Select
Race/Ethnicity: Select	Date of last MDT Meeting:	MDT Recommendation: Select LOC
County of Origin:	Circuit:	Area:
Does the child require an interpreter? Select If yes, please explain how interpreter services will be provided to the child:		

Point of Contact (POC) Contact Information	
Name:	Phone Number:
CBC Name:	Email:

Child's current living arrangement		
Name of current location/placement:		
Placement Type: Select		☐ Other:
Daytime Phone Number:	Address:	
City:	State:	Zip:

Interview with Child
Primary Contact Representative **(The person responsible for being present with the child at the time of the interview)**
Primary Contact Representative Name(s)/Title(s):
Primary Contact Representative's Phone Number(s):
Primary Contact Representative's Email Address(s):

Why child is being referred for BQRTP (Required: Detailed information regarding emotional or behavioral disorders or disturbances)

Required documents
☐ Comprehensive Placement Assessment (CPA) **Must provide the CPA or assessment cannot be conducted*
☐ Multidisciplinary Team (MDT) meeting note *(NOT required if referral is court ordered)*
☐ Other (supportive documentation):

Additional Information

We believe that _____, a child in the custody of the Department of Children and Families/CBC, has a serious emotional or behavioral disorder or disturbances and may need a BQRTP placement.

SIGNATURE OF COMMUNITY BASED CARE CASE WORKER **DATE**

I certify the referral form and supporting documentation are complete and that all information will be provided to the Qualified Evaluator upon assignment.

SIGNATURE OF POC **DATE**

Include CBC Logo here

AUTHORIZATION FOR QUALIFIED EVALUATOR

Child's Name:	Date of Birth:
Authorization Beginning Date:	(Authorization is valid for 90 days)

Pursuant to: Florida Rule 65C-28.021

_____, *a Qualified Evaluator contracted by Magellan of Florida, is authorized to have access to the child via face-to-face and to members of the child's treatment team and to the child's clinical records for the purpose of producing a report to the Department of Children & Families. Qualified Evaluators must satisfy F.S. 39.407(6)(b)1. and 2. The Department will submit to the juvenile court the Qualified Evaluator's report, which will summarize the child's progress toward achieving the goals and objectives of the individualized treatment plan that is on file with the court.*

If there are any questions about this authorization, please contact me at ( ) ____-_____

Thank you for your cooperation.

Sincerely,

_____

Signature

(Type name)
Point of Contact
(Type name of CBC)