



Child and Family Services

SAFECARE (HIP)

Date of Referral: _____

Email referrals to: Kaitlyn.Moll@mhmrtc.org; Karina.Ramirez@mhmrtc.org; & Meghan.Glovier@mhmrtc.org

****Must Reside in Tarrant County & or Surrounding Counties****
(See below for list of counties)

Child Referral Information:

First Name: _____ Last Name: _____ Middle Initial: _____

DOB: _____ Chronological Age: _____ Gender: _____

Language: _____ Other: _____ Interpreter needed: _____

Parent/Guardian Name: _____ Phone Number: _____

Address: _____ City: _____ Texas ZIP: _____

Preferred method of contact: _____ Best time to call: _____

Email: _____

Parent/Guardian Name: _____ Phone Number: _____

Address: _____ City: _____ Texas ZIP: _____

Preferred method of contact: _____ Best time to call: _____

Email: _____

Reason for referral:

Person Making Referral:

First name: _____ Last Name: _____

Phone Number: _____ Email: _____

Program/Agency Name: _____

**Primary Counties: Tarrant, Denton, Johnson, and Parker*
Secondary Counties: Hood, Palo Pinto, Somervell, and Wise