

Region 1 Behavioral Health Authority
4110 Ave D
Scottsbluff, NE 69361
Phone: (308) 635-3171



This referral form must be used on all consumers utilizing Region 1 Behavioral Health Authority funding for services

Consumer Referral Information:

Name: _____ DOB: _____ Date of Referral: _____

Address/City/State/Zip: _____

Phone Number: _____ Other Phone: _____

Email: _____ Best time to contact: _____

Reason for Referral: _____

Current safety concerns: _____

Below is a list of Region 1 BHA providers and offered programs available for the consumer's referral. Please mark the provider and service of which you are referring too.

CAPWN

3350 10th Street
Gering, NE 69341
308-633-5766
308-633-9226 – fax

- Medication Management
- Outpatient Therapy – Mental Health – Youth & Adult
- Outpatient Therapy – Substance Use – Youth & Adult
- Medicated Assisted Treatment
- Substance Use Assessment
- Mental Health Assessment
- Substance Use Intensive Outpatient

CrossRoads Resources

127 W. 2nd Street
Chadron, NE 69337
308-747-2054
308-747-2147 – fax

- Mental Health Assessment
- Outpatient Therapy – Mental Health – Youth & Adult

Cirrus House

1509 1st Ave
Scottsbluff, NE 69361
308-635-1488
308-635-7880 – fax

- Outpatient Therapy – Mental Health
- Outpatient Therapy Substance Use
- Substance Use Assessment
- Mental Health Assessment
- Youth Transitional Services (YTS)
- Community Support MH SU
- Emergency Community Support MH SU
- Day Rehabilitation
- Day Support
- Supported Employment

NEPSAC – adult only

305 Foch Street
Gordon, NE 69343
308-282-1101
308-217-4277 – fax

- Short Term Residential Substance Use
- Substance Use Assessment
- Outpatient Therapy – Substance Use

Karuna Counseling

731 Illinois Street
Sidney, NE 69162
308-249-7853
308-365-5122 – fax

- Outpatient Therapy – Mental Health – Youth & Adult
- Outpatient Therapy – Substance Use – Youth & Adult
- Substance Use Assessment
- Mental Health Assessment

Human Services, Inc. – adult only

419 West 25th Street
Alliance, NE 69301
308-762-7177
308-762-6121 – fax

- Short Term Residential Substance Use
- Substance Use Assessment
- Outpatient Therapy – Substance Use
- Intensive Outpatient – Substance Use
- Community Support – Substance Use

Independence Rising – adult only

1807 Ave A
Scottsbluff, NE 69361
308-633-7025
308-633-7026 fax

- Peer Support – Mental Health

Mental Health Alliance

815 Flack Ave
Alliance, NE 69301
308-225-6572
308-308-217-4277 – fax

- Mental Health Assessment
- Outpatient Therapy – Mental Health – Youth & Adult
- Medication Management
- Substance Use Assessment

Western Community Health Resources

300 Shelton Street
Chadron, NE 69337
308-432-2747
308-432-8974 – fax

- Community Support – Mental Health
- Youth Transition Services (YTS)
- Emergency Community Support MH SU
- Supported Employment

Pathways to Wellness

204 W 2nd Street
Chadron, NE 69337

- Mental Health Assessment
- Outpatient Therapy – Mental Health – Youth & Adult

I hereby authorize my name and contact information to be shared with the referring agency indicated on this form. I understand that this information will remain confidential and will be used in my treatment.

Patient/Client Signature

Date

I hereby give my authorization for the program to which I have been referred to inform the referring program that follow-up has been completed on this referral.

Patient/Client Signature

Date

Referring Agency to Complete this Section

Please list your information here in the event that the rendering provider agency needs to contact you regarding the referral.

Name of Person Making Referral

Agency Name

Phone Number

Email Address

- I have received verbal consent from individual to refer
- Individual unaware referral is being made

Privacy Notice: This form contains information that is confidential, may be privileged and is intended only for the use of the individual or entity named as the recipient. If you are not the named recipient or entity, please notify the sender and do not print a hard copy of the message or save it.