



ALEXANDER YOUTH NETWORK

309 Concord Street Greensboro, NC 27406

ASAP Referral Process

Referral to the ASAP program are made through DJJ, Parents and other Providers. Referrals are sent to Sheretta Mitchell (Director of SA Services) for review. In order for clients to be considered for the program, a Referral Form must be completed and submitted along with a CCA (within 6 months) that identifies a primary substance abuse diagnosis and a recommendation for Level III (3.5) Residential Treatment and Day Treatment. Other requested items including school records (including any evidence that shows the issues that are prevalent in the school system and other items on the school document list provided to the referral source), and any other clinical information available that may be beneficial to determine the appropriateness of the potential participant for the program. If a recent CCA is not available, the Referral Form and other documentation will be screened by the Director and an assessment will be scheduled. Once the participant is identified to meet criteria and appropriateness for the program, a Person Centered Plan will need to be created or updated to reflect Day Treatment and Residential goals.

All clients must remain enrolled in their home school under “1H” (Teacher in Treatment) status with the data manager at their school. We will need proof that this has been done prior to admission. SA Services Director and Day Treatment staff will keep each client’s attendance record and upon completing treatment all academic information will be sent to their school. We will also need a copy of each client’s class/course schedule. Should your child have an IEP or BIP that must also be provided prior to admission into ASAP. **Each person admitted must be willing to enter and commit to the program voluntarily.** The client must also be willing to suspend gang affiliation and participation while engaged in our substance abuse treatment in our facility.

Upon admission the following documents will need to be obtained:

- **Immunization Records**
 - **Birth Certificate (Copy)**
 - **Original Medicaid Card**
 - **Social Security Card (Copy)**
 - **Varies medical documents that include:**
 - **an Over the Counter Medication Approval,**
 - **Physical, Toxicology Order,**
 - **Written Medication Order if the participant is prescribed any medication.**
- (These documents will be given to the case worker/guardian ahead of time to get completed by a doctor.)

REFERRALS CAN BE MADE BY:

- **CALLING: (336) 542-0868 OR**
- **FAXING: (800) 975-8101, OR by**
- **MAILING: 309 CONCORD ST. GREENSBORO, NC 27406**
- **EMAILING: Sheretta Mitchell at Smitchell02@aynkids.org.**

After the client is admitted to the program, ASAP staff, the Program Manager, and the Program Director maintain regular contact/interaction with the DJJ referral source. Monthly CFTs are held with the client’s assigned court counselor and court reports are submitted to the court counselor bi-weekly.