



touchstone
health services
partnering with families

Partner School Referral Tutorial

Referral Form

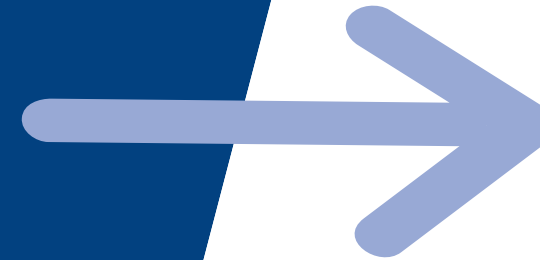
This referral form is the only referral form currently in use. Please go to the Touchstone website school partner information hub to download the updated form. The PDF is now fully fillable, including e-signatures.

**Please follow district policy for e-sign or physical signature needs.*

Form Access:

<https://www.touchstonehs.org/school-partner-information-hub>

Password: THSschools2026!!



AHCCCS
Arizona Health Care Cost Containment System

School-Based Universal Referral Form

Referring Agency Information:

Referral Date: _____ CTDS #: _____

Referring School: _____

Referring School Phone Number: _____

Referring Person Name: _____ Position: _____

Referring Person Email: _____

Client Information:

Client Name: _____ Client DOB: _____

Client Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Best Time to Reach: ☐ AM | ☐ PM

Parent/Guardian Email: _____

Address: _____

Primary Language (Client): _____ Primary Language (Guardian): _____

Referral being made due to substance use: ☐ Yes ☐ No ☐ Unsure

Is the student a:

☐ Danger to Self (DTS) ☐ Danger to Others (DTO) ☐ Not Applicable

Reason for referral: _____

Other agency involvement: ☐ Dept. Child Safety ☐ Div Developmental Disabilities

☐ Juvenile Probation Officer ☐ Other: _____

Consent:

☐ By Checking Box – I, as a school staff member, have discussed my concerns with the Parents/Guardian and have been provided permission to make this referral.

Referring Person Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Revised March 2023



Enter password to access resources

Password

Go

Submission

ALL referral forms must be submitted through the website

- We will not accept referrals through email

Head to: <https://www.touchstonehs.org/school-referral/>

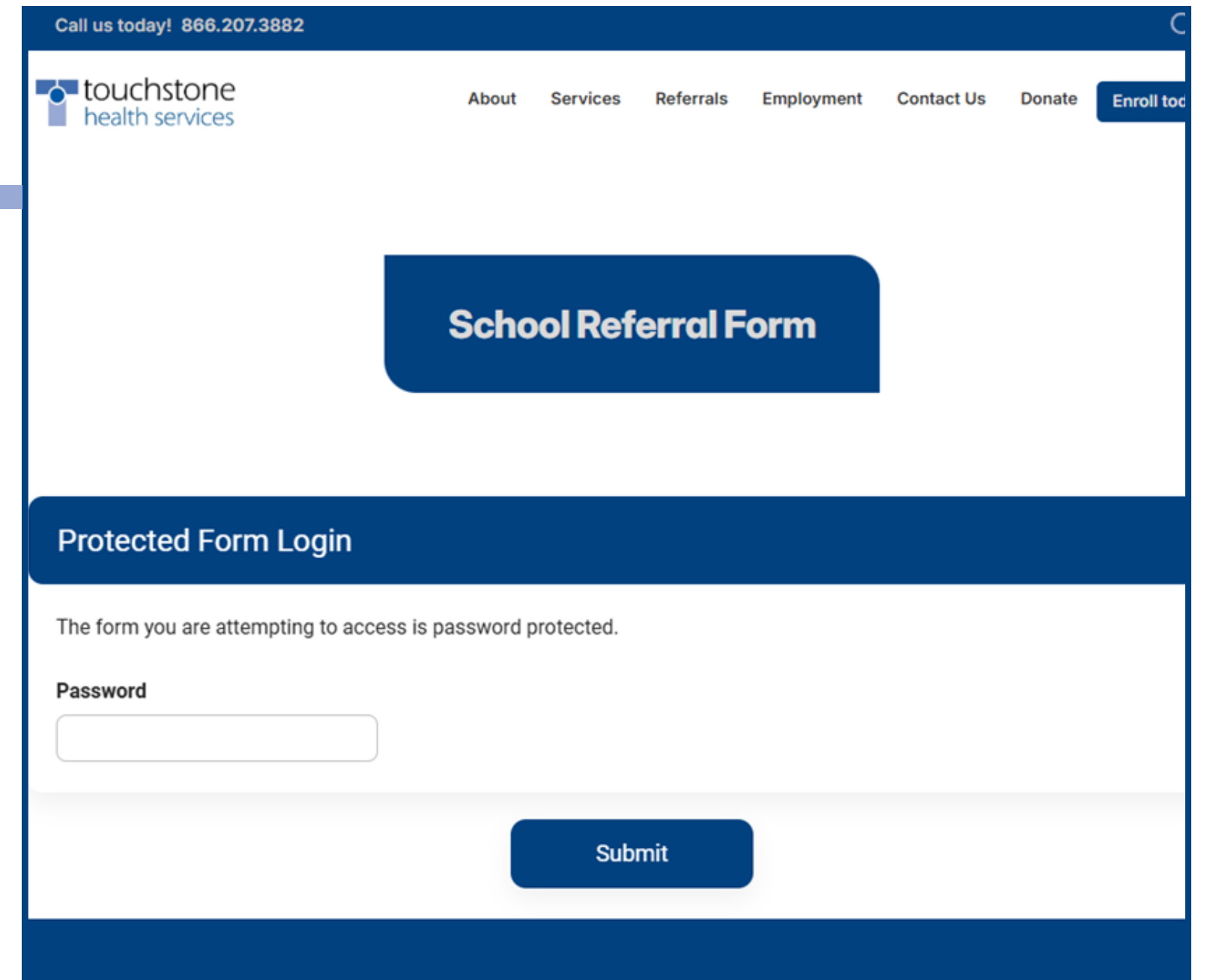
Once you are on this website, you should see a field to enter the password to open the referral submission form: THSschools2026!!

To submit a referral, fill out the required fields and upload the paper or filled PDF form with all areas completed, including your signature and the parent/guardian signature.

- You MUST have the parent/guardian sign below your signature on the form to refer to THS.
-

Referral Form Access

Password:
THSschools2026!!



Call us today! 866.207.3882

touchstone
health services

About Services Referrals Employment Contact Us Donate Enroll to

School Referral Form

Protected Form Login

The form you are attempting to access is password protected.

Password

Submit

Upload Form

This is what you will see at the bottom of the form, where you will upload and attest that you completed the uploaded form fully. Fill out ALL fields, upload the paper/PDF form that you and the parent(s)/guardian(s) signed and scanned or completed as a fillable form with e-signatures, and hit submit!

has been occurring, severity of the behaviors, and frequency of behaviors. I included any outcomes of the behavior on school s academic concerns, peer groups at school, etc. If impact is not at school, I have explained the reason they are requesting SBS. uploaded form, it may be returned for more information.

☐ By Checking Box – I, as a school staff member, have discussed my concerns with the Parents/Guardian and have been provide

☐ I confirmed with the parent/guardian that this student is currently NOT enrolled for behavioral health services with another age agency, please do not submit this referral*

Date *
yyyy-mm-dd

Referring Person Signature *

clear

Please attach your completed referral form and/or additional documents here: *

Choose Files No file chosen

Submit

Questions or Concerns?

For any questions or concerns, reach out to:
Communications@touchstonebh.org

Thank you!



touchstone
health services

partnering with families