Care Team Referral

When a care referral is submitted, the Care Team makes every effort to help our students, faculty, and staff feel safe and supported. The Care Team is here to help a student **address problems, find resources, and cope with the stresses of life**. By filling out the following care referral, you continue to make Nashville State Community College a caring community.

**If a student is planning to harm themselves or others, please contact Mobile Crisis (615-726-0125) or NSCC Security (615-353-3273) for safety reasons. We are also obligated to report elder abuse, child abuse, and/or sexual misconduct to the appropriate agencies. In honoring the safety of students, staff, and faculty, we cannot guarantee confidentiality. However, care referrals will not be a part of a student’s academic transcript for NSCC.**

If you are in doubt about whether or not the situation is serious, please err on the side of caution and file this report.

**Please complete this form and email it to the CARE Team at** **CARETeam@nscc.edu** **or fax to 615-353-3032.**

**Date:** Click or tap here to enter text.

**Your name:** Click or tap here to enter text.

**Role at NSCC:** Click or tap here to enter text.

**Campus:** Choose an item.

**Preferred contact: (phone or e mail):** Click or tap here to enter text.

*(This is only so we can get in touch with you. Your identity will not be shared with the student without your knowledge.)*

**Is the situation urgent?**

[ ] No ☐Yes

**(Please contact Mobile Crisis and NSCC Security if the student is planning to harm themselves or others)**

**Student name:** Click or tap here to enter text.

**Student A# (if known):** Click or tap here to enter text.

**Student contact phone (if known):** Click or tap here to enter text.

**Please select the nature of the concern (choose the most relevant category):**

[ ] Suicidal Ideation/ suicide attempt

[ ]  Violence against others

[ ]  Self-Injurious behavior

[ ]  Sexual abuse

[ ]  Domestic abuse

[ ]  Health/ mental health concern

[ ]  Financial issue

[ ]  Homelessness

[ ] Other concerning behavior Click or tap here to enter text.

**Please provide a detailed description of the incident/situation using specific, concise, objective language:** Click or tap here to enter text.

**Has the incident already been addressed?**

[ ]  Yes, I am filing a report for documentation purposes only

[ ]  Yes, I shared support resources with the student

[ ]  No, I am requesting that the Care Team review the situation and follow up

**How can the Care team best help you?**

[ ]  I would like a list of resources that address mental health concerns. (For urgent concerns, please call 615-244-7444.)

[ ]  I would like a conversation with a Care Team member about a student.

[ ]  I would like to meet with a student and a Care Team member together.

[ ]  Other (please specify) Click or tap here to enter text.

## **(For Use by Care Team Only)**

**Describe the presenting issue:**

(This section should include everything you have heard and observed in the session with the student. This is a review of all the information gathered. Ask yourself: What did you see and hear?)

**Recommendations:**

(This section is for planning the next steps for the student. What were the community resources suggested?)