

# CLEMSON

COUNSELING & PSYCHOLOGICAL SERVICES

Box 344022  
Clemson, SC 29634-4022  
(864) 656-2451  
Fax: (864) 656-0760

## ACTT Referral Fax Cover Sheet

### CONFIDENTIAL

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#### FAX INFORMATION:

<b>To:</b>	Counseling and Psychological Services (CAPS)
<b>Attention:</b>	Kelly Bollinger, LPC, CACII Coordinator of the ACTT Program
<b>From:</b>	
<b>Date:</b>	
<b>Number of Pages:</b> (including cover)	
<b>Regarding:</b>	ACTT Referral
<b>Student XID:</b>	C
<b>Comments:</b>	

#### CHECKLIST: *(All items below must be completed by the Referring Agency prior to student's ACTT Assessment)*

- Met with student and explained ACTT Program
- Student initialed and signed an Authorization for Release of Confidential Information (ROI) specified for your agency
- Student read and signed the Student Agreement section of the ACTT Student Agreement & Referral Form
- Completed Referral Agency section of the ACTT Student Agreement & Referral Form
- Provided copy of signed ACTT Student Agreement & Referral Form and ROI to student
- Instructed student to:
  - Contact CAPS to schedule Assessment (864) 656-2451 within three (3) business days
  - Bring their copy of the ACTT Student Agreement & Referral Form and the ROI to their Assessment appointment
- Include in this fax (complete and signed):
  - ACTT Referral Fax Cover Sheet
  - Authorization for Release of Confidential Information (ROI)
  - ACTT Student Agreement & Referral Form
  - Any additional information that would be helpful at the time of the Assessment appointment (examples: Incident Reports, Tickets, etc.)

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Staff Name: \_\_\_\_\_