



What is the TIP Program?

TIP is a person-centered, strength-based service specifically designed for transition-age youth aged 16 to 26. The Transition to Independence Process (TIP) Model empowers young people with emotional/behavioral challenges to create personalized goals, build supportive relationships, connect with resources, and gain practical skills to achieve future independence.

What services does TIP provide?

TIP is a community-based service that provides specialized blended case management services to individuals transitioning from adolescence to adulthood. Our team of dedicated facilitators meets the young person in a location that is most comfortable for them, which could be at home, in our office, at school, or in the community.

TIP focuses on 5 main goal areas:

- Education
- Employment & Career
- Living Situation
- Community Life Functioning
- Personal Effectiveness & Wellbeing

Who is a good fit for TIP?

Eligibility Criteria	Potential Exclusionary Criteria
<ul style="list-style-type: none"> ✓ Individuals ages 16-26 with mental health obstacles ✓ Residing in Lehigh, Northampton, or Bucks Counties <ul style="list-style-type: none"> ✓ Valid Medical Assistance (Medicaid) ✓ Youth who are willing and able to set and achieve goals with the assistance of a transition facilitator 	<ul style="list-style-type: none"> ✗ Moderate to severe intellectual disability (Global IQ Score below 70) ✗ Individuals with high acuity and/or those needing a highly structured or directive service ✗ Current enrollment in duplication of services (Family-Based Services, ACT, HiFi, or other Case Management Service) without a plan to discharge within 30 days ✗ Residing outside of Lehigh, Northampton, or Bucks Counties

All referrals and inquiries can be sent directly to: TIP@accessservices.org

For more detailed information about our program, please visit our website or give us a call:
484-866-8781



TIP Program Referral Form



Eligibility criteria:

- ✓ **Age:** 16-26 years old
- ✓ **Resident of:** Bucks, Lehigh, or Northampton County
- ✓ **Medical Assistance (Medicaid):** Active in Bucks, Lehigh, or Northampton Counties
- ✓ **Supporting documentation:** Must demonstrate the need for case management services (i.e. mental health diagnosis (per DSM criteria) from past treatment records, a psychiatric or psychological evaluation, a letter summarizing treatment history, an IEP, or a discharge summary).

Individual's Information:

Legal Name:		Preferred Name (optional):	
County of Residence:		Date of Referral:	
Street Address:			
City:		Zip:	
DOB:	Age:	Gender:	SSN #:
Young Person's Phone:			Preferred Method of Contact: Phone Text Email
Young Person's Email:			
Medical Assistance Status (Medicaid): Active Inactive In Process		Medical Assistance Access #:	
Insurance Carrier name(s), including private insurance if applicable:			
Parent/Guardian(s) Names:			
Relationship to Young Person:		Parent/Guardian(s) Phone:	

Referral Source Information:

Name:	Organization:
Position:	Relationship to Young Person:
Phone:	Email:

Diagnostic Information:

Primary:	ICD Code:
Secondary:	ICD Code:
Tertiary/Other:	ICD Code:

Primary reason(s) for referral:

- | | |
|---------------------------------|-----------------------------------|
| Educational support | Develop independent living skills |
| Employment support | Connection to community resources |
| Social/group event involvement | Manage physical health |
| Increase social/support network | Manage mental health |
| Other: _____ | |

Current/Past Service Involvement:

	Current	Past		Current	Past
ACT/ FACT			Multi-Systemic Therapy (MST)		
Case Management (ICM, BCM)			Outpatient Therapy		
Children & Youth Services (CYS)			Partial Hospitalization (PHP) / Transitional Outpatient Program (TOP)		
Drug & Alcohol Treatment (Rehab, Detox, OP, IOP)			Peer Support (CPS, CRS)		
Family Based			Probation/Juvenile Justice		
Hi Fidelity Family Teams (HiFi)			Private Psychologist/Therapist		
IBHS (BHRS/Wraparound)			Psych Rehab		
Medication Management/Psychiatry			Residential Treatment/CRR		

Treatment History:

<p>If the young person receives therapy, psychiatry, medication management, etc. Please list the provider's name/organization.</p>	
<p>Has the young person had crisis contacts, ER visits, or inpatient hospitalizations in the past 12 months for reasons pertaining to mental health? Please list the date and location.</p>	
<p>Are there any significant medical issues or health concerns?</p>	
<p>Please <i>list or attach</i> all current medications, dosages, and frequency.</p>	

Participant Details (please allow the young person to complete if able):

<p>What does the young person wish to accomplish through TIP? Please list the goals you want to achieve.</p>	
<p>What are the individual's strengths, interests, and hobbies?</p>	
<p>Please describe the individual's support network and community involvement.</p>	
<p>What is the individual's method of community navigation?</p>	<p>Walks/ bikes Has car Has license/permit Family/natural support Uses public transportation (LANTA, SEPTA, BCT) Other: _____</p>
<p>Is there any other information you would like to share with TIP staff?</p>	

Referral Endorsement:

I confirm that I have obtained the consent of the individual being referred to TIP.	Yes or No
I am available to be contacted for further information and to support my client's enrollment in TIP Services.	Yes or No
This referral includes the following: Referral form Medicaid information Documentation demonstrating the need for Case Management services. Examples include a mental health diagnosis (per DSM criteria) from past treatment records, a psychiatric or psychological evaluation, a letter summarizing treatment history, an IEP, or a discharge summary.	

Referral Source Signature: _____ **Date:** _____

Young Person Signature: _____ **Date:** _____

By signing this form, I understand that the TIP Program uses a specialized, person-centered, goal-oriented, non-directive approach to case management. I acknowledge the submission of this referral does not guarantee my acceptance or participation in the program. While the involvement of other services and support is encouraged, the decision ultimately rests with the young person.

Completed referrals and inquiries can be sent directly via email to:

TIP@accessservices.org

TIP Program centralized phone number:

484-866-8781

Locations:

Bucks County:

159 E County Line Road
Suite 280
Warminster, PA 18974

Lehigh & Northampton Counties:

3975 Township Line Rd.
Bethlehem, PA 18020

For more detailed information about TIP and other programs at Access Services, please visit our website:

www.accessservices.org