

System of Care Across Tennessee (SOCAT) Referral Form

Referral date	Name of person referring	Name of agency, if applicable
Contact number	Email	
Has the referral source	e provided consent to refer?	
Yes	No Not Applicable	
continue once consen	y to refer must be obtained from the youth and docu t to refer/release information necessary to refer has consent to participate, only to refer.***	
Contact name		County
Contact phone numbe	r Alternate phone number	Permission to text
		Yes No
*If you are interested in n	naking a referral, but don't live in a county listed below, plea	se submit this form to the mental health

organization closest to you.

Direct Referrals to:

Cherokee Health System

Sevier County Julia Pearce Julia.Pearce@cherokeehealth.com Phone: (865)201-8231 Fax: (865)273-1645

Pathways Behavioral Health

Madison County Yolanda Neal Yolanda.Neal@wth.org Phone: (731)541-7381 Fax: (731)541-8327

Frontier Health

Johnson County Layla Wright lwright2@frontierhealth.org Phone: (423)571-5439 Fax: (423)232-2714

Professional Care Services Tipton County

Samantha Hammonds Samantha.hammonds@pcswtn.org Phone: (901)622-1693 Fax: (901)476-2498

Volunteer Behavioral Health Care Services

Meigs County Tonya Moran tmoran@vbhcs.org Phone: (423)368-2125 Fax: (423) 744-7064

Volunteer Behavioral Health

Putnam County Elizabeth Langston elangston@vbhcs.org Phone: (931)510-4362 Fax: (931)432-5838

Mental Health Cooperative Dekalb & Coffee Counties

Cheryl Johnson CJohnson@mhc-tn.org Phone: (615)687-4703 Fax: (615)904-6876

Tennessee Voices for Children

Clay, Cocke & Decatur Counties Kimberly Fyke-Vance kfyke-vance@tnvoices.org Phone: (615)981-0132 Fax: (615)269-8914