**Home Start**  
**Behavioral Health Referral Form**

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| **Date of Referral:** |
| **Primary Caregiver Name:** (If Client’s a minor): | | | **Primary Client’s Name (Child’s name in most cases):** |
| **Primary Caregiver DOB:** (If Client’s a minor): | | | **Client’s Date of Birth and Gender:** |
| Street Address: | | | Referrer’s Name and Organization: |
| City: Zip Code: | | | Address: |
| Email: | | | City: Zip Code: |
| **Phone #:** | | | Phone #  Fax# |
| **Preferred Language:** | | **Family’s Ethnicity:** | **When is client available for sessions: (Best Days & Times)** |
| **If applicable, please provide social worker’s name and contact**:  **Is this child a Dependent of the Court?** Yes  No | | | |
| **Referral Comments:** (ex: Concerns, Legal Custody, Diagnosis, etc.): | | | |
| **Does client have any diagnose or disabilities?** | | | **CONSENT FOR REFERRAL**: (circle answers)  As the referring party, I have received verbal consent from the primary caregiver and/or client to make this referral to Home Start, Inc.  **Yes**   **No**  **Is client comfortable with video sessions (Telehealth)?**  **Yes**   **No**  **Does client have Medi-Cal or Private Insurance**?  **Yes**   **No**  Have they sought treatment through their insurance provider?  Yes  No  **Reason for seeking treatment through Home Start rather than through insurance**:  Long Waitlist  Unable to afford co-pay  No provider in their area  Transportation Challenges  Bad experiences w/services provider through insurance  No insurance/no access to child’s ins  Other: |
| None  Vision  Developmental | Speech Delay  Deaf/Hard of Hearing  Cognitive Impairment | |
| Mental Health:        Other: | | |
| **Has client experienced any of the following:**  Physical Abuse  Neglect  Emotional Abuse  Teen Dating Violence  Witness to DV  Sexual Abuse/Trafficking  Child Abduction  Terrorism/Mass Violence  Victim of a Crime  Other:  Parental Substance Abuse  School/Community Violence/Hate Crime | | |
| **IMPORTANT:**  **Please FAX to Intake Coordinator at 619-692-0785.**  **Do NOT email due to confidentiality (HIPPA) laws.** | | |