Home Start

Behavioral Health Referral Form

Sade Carswell, Psy.D.
BH Team Lead
619-692-0727 Ext. 109
BHP Intake Line
619-692-0727 Ext.118
E-mail: BH@home-start.org
Fax 619-692-0785

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?

- ☐ None
- ☐ Vision
- ☐ Developmental
- ☐ Mental Health:
- ☐ Speech Delay
- ☐ Deaf/Hard of Hearing
- ☐ Cognitive Impairment
- ☐ Other:

Has client experienced any of the following:

- ☐ Physical Abuse
- ☐ Emotional Abuse
- ☐ Witness to DV
- ☐ Child Abduction
- ☐ Victim of a Crime
- ☐ Parental Substance Abuse
- ☐ School/Community Violence/Hate Crime
- ☐ Neglect
- ☐ Teen Dating Violence
- ☐ Sexual Abuse/Trafficking
- ☐ Terrorism/Mass Violence
- ☐ Other:

IMPORTANT:
Please FAX to Intake Coordinator at 619-692-0785.
Do NOT email due to confidentiality (HIPPA) laws.

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
- ☐ No provider in their area
- ☐ Bad experiences w/services provider through insurance
- ☐ No insurance/no access to child's ins
- ☐ Other:
- ☐ Unable to afford co-pay
- ☐ Transportation Challenges