

S.A.F.E. MEETING REFERRAL FORM

Region (select one below):

- Atascadero S.A.F.E. PH: 466-5404 F: 462-8901 E: northcountysafe@linkslo.org
- Paso Robles S.A.F.E. PH: 238-2775 F: 226-5437 E: northcountysafe@linkslo.org
- SLO S.A.F.E. PH: 781-4178 F: 781-1265 E: tclarke@co.slo.ca.us
- South County S.A.F.E. PH: 474-2105 F: 474-2025 E: behavioralhealth.SAFE@co.slo.ca.us

S.A.F.E Office Use Only

Reviewed by: _____
Case Manager: _____

Referral Date: _____ Referred By: _____
Referring Agency: _____ Referral Phone #: _____ Fax#: _____

REQUESTED ATTENDANCE:

Name/Affiliation (Besides SAFE Team members)	Phone	Fax	Contacted
School Contact: _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Office use only: Pre-Staffing Meeting Start Time Location
Scheduled SAFE date/time: _____ date/time: _____

Transportation Needed Translation Needed Case previously presented: No Yes Date _____

CHILD'S NAME		AGE	ADDRESS				CITY/ZIP		PHONE	
SOC SEC#		GRADE	DOB		SCHOOL OF ATTENDANCE		Current Placement		Sex	Ethnicity*
MOTHER'S NAME		DOB	PHONE	Ethnicity*	Legal Guardian's Name (if different)				PHONE	
Mothers Address (if different, include city/zip)				Relationship to child						
FATHER'S NAME		DOB	PHONE	Ethnicity*	Address (if different, include city/zip)					
Father's Address (if different, include city/zip)										
SIBLING	Living in Same home	Yes/No	DOB	Sex	Ethnicity*	GRADE	SCHOOL	Others Living in the Home		DOB
SIBLING	Living in Same home	Yes/No	DOB	Sex	Ethnicity*	GRADE	SCHOOL			
SIBLING	Living in Same home	Yes/No	DOB	Sex	Ethnicity*	GRADE	SCHOOL			
SIBLING	Living in Same home	Yes/No	DOB	Sex	Ethnicity*	GRADE	SCHOOL			

CURRENT STATUS/OPEN CASES

- | | | | |
|--|--------------------------------|--------------|--------------|
| Closed | Open | Staff | Case# |
| <input type="checkbox"/> DSS | <input type="checkbox"/> _____ | _____ | _____ |
| <input type="checkbox"/> CWS | <input type="checkbox"/> _____ | _____ | _____ |
| <input type="checkbox"/> Probation | <input type="checkbox"/> _____ | _____ | _____ |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> _____ | _____ | _____ |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> _____ | _____ | _____ |
| <input type="checkbox"/> Spec. Ed. | <input type="checkbox"/> _____ | _____ | _____ |
| <input type="checkbox"/> D & A | <input type="checkbox"/> _____ | _____ | _____ |
| <input type="checkbox"/> Other | <input type="checkbox"/> _____ | _____ | _____ |

FINANCIAL STATUS

- Medi-Cal
- Insurance (private)
- Healthy Families
- CaWORKs (families)
- AFDC-FC (foster child)
- Other _____

***ETHNICITY CODES**

- | | |
|---------------------|---------------------|
| 10 Native American | 50 Hispanic |
| 20 Asian | 60 African American |
| 30 Pacific Islander | 70 White |
| 40 Filipino | 90 Other |

Previous Placement (date): _____

Medical Concerns/Medication(s) (Note MD's Name): _____

Current Therapist/Psychiatrist: _____
Name

Phone Number _____

Student/Child/Family Strengths:

Presenting concerns/specific reasons for referral. Information on siblings is extremely helpful.

1. Presenting concerns/specific reasons for referral:

- | | |
|---|---|
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Employment Concerns |
| <input type="checkbox"/> Parent Child Conflict | <input type="checkbox"/> Child Behavioral Concerns |
| <input type="checkbox"/> Loss/Grief | <input type="checkbox"/> Educational Concerns |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Criminal Behavior by parent |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Criminal Behavior by youth |
| <input type="checkbox"/> Financial Stress | <input type="checkbox"/> Child Developmental Concerns |
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Bonding/Attachment Concerns |
| <input type="checkbox"/> Medical Concerns | <input type="checkbox"/> Other (List): |
| <input type="checkbox"/> Mental Health Concerns | |

2A. What would the referring party like to see happen at the meeting/purpose?

2B. What would the family like to see happen at the meeting?

3. How are attendance, siblings, behavior, etc.?

4. What current services/agencies is the family already connected to?

5. Does the family need immediate assistance from a family advocate? Are they Spanish speaking?

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