

SAFE INTENSIVE MEETING REFERRAL

REFERRAL REQUIREMENTS: Completed referral packets should be sent via email or fax and must include a completed Multi-Agency Referral and Client Release of Information Form 815. SAFE Coordinators will not start communicating between agencies, speaking with families and scheduling a meeting, without a completed Form 815.

Email: behavioralhealth.safe@co.slo.ca.us

Fax: 805-474-2025

Referral Date: _____

<i>Referral Source Information-</i>					
Referring Party Name:	Referring Agency:				
Phone Number:	Email:				
Has the child/family been previously referred to SAFE?	Yes	No	Date: _____		
Was the referral for Family Advocate or SAFE Intensive Meeting? _____					
Interpretation Services Needed:	Yes	No	Preferred Language: _____		
Is the referring party able to provide Interpretation Services for the meeting?			Yes	No	
Any additional accommodations needed:	Yes	No	Please Note: _____		
Is the family aware of the referral being submitted to SAFE? Yes No					

<i>Child/Client Information-</i>					
Legal Name:	Preferred Name (if different):				
Date of Birth:	Ethnicity:				
Home Address:	Phone Number:				
School Name:	Grade:				
Current School Placement (if different):					
Does the child have an Individualized Education Plan (IEP)? Yes No 504 Plan? Yes No					

<i>Parent/Legal Guardian/Family Information-</i>					
Mother's Legal Name:	Preferred Name (if different):				
Date of Birth:	Ethnicity:				
Home Address:	Phone Number:				
Father's Legal Name:	Preferred Name (if different):				
Date of Birth:	Ethnicity:				
Home Address:	Phone Number:				
Legal Guardian's Name (if different from parents):					
Relationship to child:	Date of Birth:				
Home Address:	Phone Number:				
If parents are separated, parent with whom child is currently living with:					
Who is the main point of contact for the SAFE Meeting:					

Please list all known siblings of the client, regardless of age-

<i>Name:</i>	<i>Date of Birth:</i>	<i>School:</i>	<i>Living in the same home?</i>

Referral Information-

Please identify child and family strengths and/or what is going well within the family system:

Please briefly summarize family's current needs/circumstances for a SAFE Intensive Meeting:

What would the Referring Party like to see happen at the meeting?

What would the Family like to get out of the meeting?

What will be helpful for the SAFE Committee to know/consider when providing information at the meeting?

What current services or agencies is the child/family connected to?

<i>Name:</i>	<i>Phone:</i>	<i>Email:</i>	<i>Agency/Title:</i>
Therapist-			
School Counselor/PEI Counselor-			
DSS Social Worker-			
Housing Authority (HASLO)-			
Other:			

If known, please indicate if the child or family qualifies for the following- Medi-Cal, CalWORKs, CalFresh, etc.:

In known, please indicate private insurance provider information:

Please list or summarize any known barriers the family has experienced in identifying or accessing services:

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