SAMPLE: DO NOT USE

THERAPEUTIC BEHAVIORAL SERVICES REFERRAL

Client Name____________________________ **Medi-Cal No.**__________________________________ **Date** __________________
Client Date of Birth_____/_____/_____ **Gender** ☐ Male ☐ Female
Child's Current Placement (or family) Address ____
Parent/Caretaker Name____________________________________ **Parent/Caretaker Phone**________________________________
☐ **Family Home** ☐ **Residential Placement (RCL Level___)** ☐ **Juvenile Hall** ☐ **Other (Specify________________)**
Referring Party____ **Title**____________________ **Phone**_______________

Is child/youth a full scope Medi-Cal beneficiary under age 21? Yes No **Must answer YES**

Please list client's current Axis I diagnosis: ____
☐ Check here if Mental Health Assessment was completed in past year (please attach or indicate any recent data; it is not necessary to repeat information from prior assessment)

Which of the following conditions have been met? (Must check at least one)
☐ At least one emergency psychiatric hospitalization relate to current presenting disability within the past 24 months
☐ Currently placed in a level 12 or above group home for mental health needs
☐ Being considered for placement in a level 12 or above group home by San Bernardino County
☐ Previously received Therapeutic Behavioral Services (TBS) through Medi-Cal and San Bernardino County

Which is highly likely to occur, without additional support? (Must Check at least one)
☐ Child/youth may need higher level of residential care or acute care
☐ Child/youth may not successfully transition to a lower level of care

Must have a DBH/FSS Provider for Therapy or Case Management

What mental health services is the client currently receiving? ☐ None

If child does not have a therapist or case manager (must be outside of group home) contact DBH TBS Liaison at 909-421-9300

List other involved agencies.

Agency	Contact Person	Phone Number
Please enter name & contact number for therapist or case manager		

What are the specific problem behaviors jeopardizing current living situation?

Describe alternative approaches that have been tried:

Are there any specific needs with regard to the TBS coach's language, culture or gender?

A SIGNED RELEASE OF INFORMATION MUST ACCOMPANY REFERRAL.

Fax referral packet to Marsha Mathews, MFT, Mental Health Systems, Inc. at (909) 433-0556 or mail to 1430 E. Cooley Dr. Ste 240, Colton, CA. 92324