Identifying Information

|  |  |  |  |
| --- | --- | --- | --- |
| Referral Date: | Click or tap to enter a date. | Client Date of Birth: | Click or tap to enter a date. |
| Client’s Full Name/AKA: | Click or tap here to enter text. | Client’s Phone #: | Click or tap here to enter text. |
| Referring Agency: | Click or tap here to enter text. |  Client Current Location: | Click or tap here to enter text. |
| Referring Staff Person: | Click or tap here to enter text. | Referring Staff Phone #: | Click or tap here to enter text. |
| Referring Staff email: | Click or tap here to enter text. |

Client notified of referral and is agreeable to engage in services at BHBH at Arrowood? [ ] Yes [ ]  No

# Mandatory Criteria:

[ ]  Current Medi-Cal or eligible for enrollment in Medi-Cal

[ ]  Serious Mental Illness and/or Co-Occurring Disorder

[ ]  A significant impairment in social, occupation, or other important activities due to a diagnosed/suspected mental health and/or substance use disorder.

[ ]  Actively experiencing at least one complex social factor influencing their health

[ ]  Lack of access to food

[ ]  Lack of access to stable housing

[ ]  Inability to work or engage in community.

[ ]  History of Adverse Childhood Experiences

[ ]  History of recent contacts with law enforcement related to behavioral health symptoms/behaviors.

[ ]  Currently unsheltered.

# Population of Focus: (please check all that apply)

[ ]  CARE Court Participant

[ ]  Pending discharge from a Long-Term Care (LTC) facility.

[ ]  Pending discharge from a correctional facility.

[ ]  Pending discharge from Crisis Services (Select one):

[ ]  Crestwood Healing Center (PHF).

[ ]  Crisis Stabilization Unit (CSU).

 [ ]  Crisis Residential Unit (CRU).

[ ]  Pending completion of a Residential Treatment program for co-occurring disorders.

[ ]  Transitional Age Youth transitioning out of foster care.

[ ]  SCBH client who is also currently unsheltered.

**Please email form to:** **DHS-BH-BridgeHousing@Sonoma-County.org** **with the subject line:**

**BHBH Referral**

For questions, please call Housing Coordinator at BHBH Arrowood: 707-565-3319.