Identifying Information

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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**](mailto:DHS-BH-BridgeHousing@Sonoma-County.org) **with the subject line:**

**BHBH Referral**

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