

**Proposition 47 Eligibility Criteria:**

- 18 years of age or older\*
- Mild to moderate mental health and/or substance use
- Recent misdemeanor and/or non-violent felony\*

\*If client meets criteria, please complete referral form



**Safe Haven Referral Form**  
Community Support and Recovery Center (CSRC)

CONTACT INFORMATION				
<b>Referring Person/Title:</b>		<b>Agency/Department:</b>		<b>Email:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Referral Date:</b>	<b>Client City of Arrest:</b>	<b>Client Release Date (If Known):</b>

CLIENT INFORMATION		
<b>Name (Last Name, First Name, MI)</b>		<b>OCN (If Known):</b>
<b>Mailing Address:</b> <input type="checkbox"/> Client lives here		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Street _____		<b>Age:</b> <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-39 <input type="checkbox"/> 40-59 <input type="checkbox"/> 60+
City _____ State _____ Zip Code _____		<b>Phone:</b>
		<b>DOB:</b>
		<b>Ethnicity:</b>
		<b>Preferred Language:</b>

OTHER CONTACT INFORMATION		
<input type="checkbox"/> Alternate <input type="checkbox"/> Emergency		
<b>Name:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>Address:</b>		<b>Language Spoken by Emergency Contact:</b>

- Yes  No Has client been notified that a Project Kinship staff will contact him/her or their emergency contact?  
 Yes  No Ok to leave message?

IMMEDIATE NEEDS	OTHER
<b>Do you have a place to stay?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? : _____	<b>Service from County Program within Past Year:</b> <input type="checkbox"/> SSA <input type="checkbox"/> BHS <input type="checkbox"/> Other Where? : _____
<b>Do you have transportation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Health Insurance:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Private
<b>Do you have a way to call someone?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medication History:</b>

POTENTIAL NEEDS			
<input type="checkbox"/> Identification	<input type="checkbox"/> Benefits (Financial and Medical)	<input type="checkbox"/> Education/Employment	<input type="checkbox"/> Other:
<input type="checkbox"/> Housing	<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Social/Continuing Support	(Specify: _____)
<input type="checkbox"/> Basic Needs	<input type="checkbox"/> Other Health/Wellness	<input type="checkbox"/> Legal	

ADDITIONAL INFORMATION

- Yes  No Does Project Kinship staff need to talk with referring person prior to intake?

HCA USE ONLY		PK OFFICE USE ONLY	
<b>Direct Link by CHS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Resources Provided:</b>	<b>Referral/Linkage:</b>	<b>Resources Provided:</b>
<b>Flagged by CHS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Identification <input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Print Resources	<input type="checkbox"/> Kinship Kit
<b>Diagnosis:</b>	<input type="checkbox"/> Housing <input type="checkbox"/> CSRC <input type="checkbox"/> AOABH	<input type="checkbox"/> Phone Linkage	<input type="checkbox"/> PK Bag
<input type="checkbox"/> SUD <input type="checkbox"/> Mental Health	<input type="checkbox"/> Basic Needs <input type="checkbox"/> Other Health/Wellness	<input type="checkbox"/> Verbal Referral	<input type="checkbox"/> Charged Phone
<b>Level of Engagement:</b>	<input type="checkbox"/> Bus Passes <input type="checkbox"/> Education/Employment	<input type="checkbox"/> Face2Face Linkage	<input type="checkbox"/> Phone Call
<input type="checkbox"/> Declined engagement	<input type="checkbox"/> Charged Phone <input type="checkbox"/> Social/Continuing Support	<input type="checkbox"/> Other:	<input type="checkbox"/> Snacks
<input type="checkbox"/> Talked <input type="checkbox"/> Good rapport	<input type="checkbox"/> Phone Call <input type="checkbox"/> Legal		<input type="checkbox"/> PK Flyer
<b>Concerns:</b>	<input type="checkbox"/> Benefits <input type="checkbox"/> Other (Please specify): _____		<input type="checkbox"/> Bus Pass
<input type="checkbox"/> Aggression <input type="checkbox"/> Psychosis	<input type="checkbox"/> None (Participant declined)		<input type="checkbox"/> Clothes (specify): _____
<input type="checkbox"/> Threats			
<input type="checkbox"/> Other: _____			