Project Kinship Referral

Mental Health and Case Management Services

REFERRING PARTY CONTACT INFORMATION			
Referring Person/Title:	**Agency/Department:**		**Email:**
Phone:	**Fax:**	**Referral Date** *(Required)*:	**Participant Release Date** (*If Known*):

PARTICIPANT INFORMATION			
Name (*Last Name, First Name, MI*)	**Gender:** ☐ Male ☐ Female ☐ Other: _____	**Sex:** ☐ Male ☐ Female	**Age:** ☐ <14 ☐ 14-15 ☐ 16-17 ☐ 18-25 ☐ 26-39 ☐ 40-59 ☐ 60+
Mailing Address: ☐ Participant lives here _____ *Street* _____ *City* *State* *Zip Code*	**Phone:**		**DOB:**
	Ethnicity:		**Preferred Language:**

PARTICIPANT EMERGENCY CONTACT INFORMATION		
Name:	**Relationship:**	**Phone:**
Address:		**Language Spoken by Emergency Contact:**

POTENTIAL NEEDS			
☐ Identification (i.e. CA ID, SSN)	☐ Government Benefits (i.e. Medi-Cal)	☐ Education/Employment	☐ Peer Mentorship
☐ Housing	☐ Behavioral Health	☐ Social/Continuing Support	☐ Other:
☐ Basic Needs (i.e. Hygiene, Food)	☐ Other Health/Wellness	☐ Legal Aid	_____

☐ Yes ☐ No Any concerns with securing right to work documents or enrolling in government benefits?
☐ Yes ☐ No Does Project Kinship staff need to talk with referring person prior to intake?
☐ Yes ☐ No Has participant been notified that a Project Kinship staff will contact him/her or their emergency contact?
☐ Yes ☐ No OK to leave messages?

ADDITIONAL INFORMATION		
Behavioral Health Needs *(Check all that apply)*: ☐ Substance Abuse ☐ Mental Health	**Educational Needs:** ☐ Secondary ☐ Post-secondary ☐ Trade Target Placement: _____	**Probation/Parole Restrictions:**
Diagnosis *(If Known)*:	**Vocational Needs:** ☐ Workshops ☐ Job Placement ☐ Certification ☐ Other: _____	
Treatment (*Tx*)/Med. History *(type of meds/length of Tx)*:	**Concerns** *(Check all that apply)*: ☐ Aggression ☐ Psychosis ☐ Threats ☐ Other: _____	**Upcoming Court Dates:**

ADDITIONAL NOTES FROM REFERRING PARTY

PROJECT KINSHIP OFFICE USE ONLY					
_____	_____	_____	_____	_____	_____
Assigned Screener	Date	Assigned Intake Staff	Date	Management Signature	Date