



Referral for SchoolLink Services

Phone: _____	Phone: _____	Phone: _____
Fax: _____	Fax: _____	Fax: _____

Student Name: _____ **Date of Referral:** _____

Current School: _____ DOB: _____ Ethnicity: _____

Type of Insurance: Medi-Cal #: _____ No Insurance Other Insurance: _____

Legal Guardian's Name (who provided consent): _____

Address: _____ Phone: _____

Guardian Preferred Language: _____ Student Preferred Language: _____

Referring Party/Title: _____ **Phone:** _____

Teacher/Grade: _____ IEP: Y or N BH Services on IEP: Y or N

How has Legal Guardian provided consent for this SchoolLink referral?

- If written consent obtained: Attach the Authorization for Use or Disclosure of Information*
- If verbal consent provided to Staff by Parent/Guardian: List Staff Name: _____*
Staff Signature: _____ Date Obtained Consent: _____

Reason for Referral:

- Mood
- Substance Use
- Family Concerns
- Changes in Behavior
- Other: _____

NOTE: SchoolLink is not a crisis response service. If a student is experiencing a behavioral health crisis, call 911 or the Access & Crisis Line at 888-724-7240.

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