REQUEST FOR SERVICES - STEPS PROGRAM

4660 Viewridge Avenue San Diego, CA 92123
Phone: (858) 565-2510 Fax: (858) 408-9769

Date of Referral: _____

Referring Party Information

Name of Agency/Program:_____

Phone Number:_____Email:_____

Youth Information

Name:_____ DOB:_____ Age:_____

Social Security Number: _____

Gender:_____Ethnicity:_____ Language Preferred:_____

Insurance: Medi-Cal ☐ Private ☐ Other ☐ Policy #:_____

Phone Number:_____

Address:_____

School/District: _____IEP: YES/NO

Legal Guardian Information

Name(s):_____ Relationship:_____

Ethnicity:_____Language Preferred: _____

Phone Number:_____

Address:_____

Parents/Caregiver Information (if different from the legal guardian)

Name(s):_____ Relationship:_____

Ethnicity:_____Language Preferred: _____

Phone Number:_____

Address:_____

Please describe the reason for the referral including specific sexual behaviors by youth:

Please provide mental health treatment including dates, provider, diagnosis and psychiatric hospitalization:

Please list current medications and the prescribing doctor:

Please describe current or historical information of physical and/or verbal aggression

Please describe current or historical substance use:

Please describe current potential for harm including high risk behaviors (i.e., self-injurious behavior, suicidal ideation, homicidal ideation):

Please list any physical health concerns and/or allergies:

****Please provide all available supporting documentation. This may include:**

Behavioral Health Assessment
Psychological Evaluation Social
Study
Individualized Education Plan
CWS Detention or JD Reports
Authorization to use or Disclose Protected Health Information (04-24AP/04-24AC) Any other documentation pertaining to the reason for the referral

Thank you for taking the time to make a referral to STEPS. We will be contacting you and/or the caregiver to schedule a screening. Please let us know your preferred days and times:_____

For questions or additional information, please contact the Program Manager:

Wences Savaiki at stepsreferrals@turnbhs.org