NEXT MOVE
Supporting Justice-Involved Youth

All referrals can be either faxed to (619) 399-3725 or securely emailed to:
BHS.NextMoveProgram.HHSA@sdcounty.ca.gov

Referral Information

Name of Referring Party:	**Date of Referral:**
Email Address:	**Phone Number:**

Referred By: ☐ Probation ☐ Court ☐ PD/AD Office ☐ CHP ☐ Self ☐ Other:

Requested Service Type:
☐ Individual/Family Therapy ☐ Group Therapy ☐ Functional Family Therapy
☐ Psychiatry/Medication Management ☐ Case Management ☐ Other: _____

Projected Release from: YTC on: _____ EM on: _____
Upcoming MDT Date: _____

Probation Status:
☐ Formal Probation ☐ Informal Probation ☐ Dual Youth ☐ Community Supervision ☐ None

Behavioral and Safety Concerns (*check all that apply*):
☐ Suicidal Ideation or Behaviors
☐ Homicidal Ideation or Behaviors
☐ Substance Use
☐ Physical Aggression or Violent Behavior
☐ Family-Related Risk Factors
☐ Peer-Related Risk Factors
☐ School-Related Risk Factors
☐ Community/Environmental Risk Factors
☐ Gang Involvement/Affiliation
☐ Sex Trafficking or Exploitation Concerns
☐ History of Psychiatric Hospitalization
☐ No Contact/Restraining Orders
☐ History of Running Away
☐ Other: _____

Additional Information:

Youth Information

Name of Youth:	**Phone Number:**
Date of Birth:	**Age:**
Gender Identification:	**Ethnicity:**
Youth Preferred Language:	**Caregiver Preferred Language:**
Caregiver Name:	**Caregiver Phone Number:**

Address with ZIP Code:

Youth Insurance Status:
☐ Medi-Cal—Number: _____ ☐ Private Insurance—Name: _____
☐ Uninsured Policy Number: _____

Please select the preferred method to receive services:
☐ In-person: Clinic ☐ In-person: Community ☐ Telehealth

Current Mental Health Diagnosis:

Is youth currently followed by psychiatry?:
☐ NO ☐ YES Current Medications: _____
→ Date last dose taken: _____
→ Date refill needed by: _____

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LIVE WELL SAN DIEGO

OFFICE USE ONLY

☐ URGENT		☐ NON-URGENT
BH Links Referral: ☐ NO ☐ YES	Clinical Documentation attached: ☐ YES ☐ NO	
Date Referral Received:	**Assigned Clinician:**	**Date Screening Completed:**
Eligible for Next Move:	☐ No ☐ Yes as BH Links	☐ Yes as Community
First Appointment Offered:	**First Appointment Scheduled:**	**Informed Referring Party of Status:**
Notes:		

EMAIL FORM TO NEXT MOVE