



Referral for SchoolLink Services



Phone:	Phone:	Phone:
Fax:	Fax:	Fax:

1. STUDENT INFORMATION

Date of Referral:

Student Name: _____ Date of Birth: _____

Ethnicity: _____ Gender Identity: Male Female Non-Binary Prefer Not to State

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

Grade: _____ Teacher: _____

IEP: YES NO BH services on IEP: YES NO

Who is providing consent for the SchoolLink referral? Legal Guardian **OR** Student (Student must be 12 years or older and request to self-consent under parameters outlined in [SchoolLink](#) Module 6)

2. HOW HAS CONSENT BEEN PROVIDED FOR THIS SCHOOLINK REFERRAL?

Written consent obtained by Legal Guardian* or Student (Attach the Authorization for Use or Disclosure of Information)

Verbal consent provided to Staff by Legal Guardian* or Student (Staff to complete attestation below)

➤ Staff Name: _____

➤ Date Staff obtained verbal consent: _____

➤ Staff signature: _____

*Complete section 3 with Legal Guardian information

3. LEGAL GUARDIAN INFORMATION

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

Address: _____

Phone: _____

Guardian preferred language: _____

Student's preferred language: _____

4. REFERRING PARTY INFORMATION

Referring party name and title: _____

Phone: _____ Email: _____

5. REASON FOR REFERRAL

Mood Substance Use Family Concerns Changes in Behavior Other: _____

Comments: _____