



## Referral for SchoolLink Services



Select SchoolLink SMHS Provider	Select SchoolLink TRC Provider	Enter Agency Name
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:

### 1. STUDENT INFORMATION

Date of Referral:	
Student Name:	Date of Birth:
Ethnicity:	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not to State
Type of Insurance: <input type="checkbox"/> Medi-Cal Number:	<input type="checkbox"/> No Insurance <input type="checkbox"/> Other Insurance:
Grade:	Teacher:
IEP: <input type="checkbox"/> YES <input type="checkbox"/> NO	BH services on IEP: <input type="checkbox"/> YES <input type="checkbox"/> NO
Who is providing consent for the SchoolLink referral? <input type="checkbox"/> Legal Guardian <b>OR</b> <input type="checkbox"/> Student (Student must be 12 years or older and request to self-consent under parameters outlined in <a href="#">SchoolLink</a> Module 6)	

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

<input type="checkbox"/> Written consent obtained by Legal Guardian* or Student (Attach the Authorization for Use or Disclosure of Information)
<input type="checkbox"/> 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

<input type="checkbox"/> Mood <input type="checkbox"/> Substance Use <input type="checkbox"/> Family Concerns <input type="checkbox"/> Changes in Behavior <input type="checkbox"/> Other:
Comments: