



# Referral for SchooLink Services



Select SchooLink SMHS Provider	Select SchooLink 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:  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 SchooLink referral?  Legal Guardian **OR**  Student (Student must be 12 years or older and request to self-consent under parameters outlined in [SchooLink](#) 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: