



THERAPEUTIC BEHAVIORAL SERVICES (TBS) REFERRAL FORM

New Alternatives, Inc.

Date:

Youth Name: _____ DOB: _____

Current Address: _____

Youth's School: _____ School District: _____

Parent/Caregiver Name: _____ Phone: _____

Referring Party: _____ Relationship to Youth: _____

Agencies Involved:

Therapist (Notified of Referral: Yes No) Name/Agency: _____

E-mail: _____ Phone: _____ Fax: _____

CSW (Notified of Referral: Yes No) Name: _____

E-mail: _____ Phone: _____ Fax: _____

Any Other Persons (CASA, Mentor, Attorney, Probation, Big Brother/Sister) (Notified of Referral: Yes No)

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Is Youth a full scope Medi-Cal beneficiary under age 21? Yes No

Medi-Cal Number _____

Is Youth receiving Specialty Mental Health Services from a therapist/intensive case manager? Yes No

Which of the following conditions have been met by the Youth? (check all that apply)

- Is at risk for emergency psychiatric hospitalization as one possible treatment option, though not necessarily the only treatment option **or** has had at least one emergency psychiatric hospitalization within the past 24 months.
- Is being considered for placement in a level 12 or above group home as one possible treatment option, though not necessarily the only treatment option, **or** is currently placed in a level 12 or above group home for mental health needs.

Does the Youth meet either of the following eligibility criteria? (check which apply)

- Youth may need out of home placement, a higher level of residential or acute care
- Youth is transitioning to a lower level of care and needs TBS to support the transition

What specific behaviors are jeopardizing the Youth's current living placement?

Does the youth or caregiver have specific requests with regard to TBS Coach's language, culture, gender, or age?

Please attach a Release of Information

Fax Referral Packet to: New Alternatives, Inc. – Therapeutic Behavioral Services (TBS) at: **(619) 615-0897**

Please call Jennifer Gonzalez, Referral Specialist, at **(619) 615-0701 x35** with any questions