



## Cross Systems/Dually Involved STARTS Referral Form

Behavioral Health Call Center: **Phone:** (800) 704-0900, **Fax:** (408) 947-5848 **Email:** [KCN.Referral@hhs.sccgov.org](mailto:KCN.Referral@hhs.sccgov.org)

### Referral Source Information

<b>Referring Person Name:</b>	<b>Referring Person's Phone:</b>	<b>Referring Person's Email:</b>
<b>Today's Date:</b>	<b>Referring Agency and Program Name</b>	
<b>Reason for Referral:</b> <i>(please check all that apply and provide details in section 3e):</i>		
Developmental Concerns      Physical Health Concerns      Social-Emotional/Behavioral Concerns      Social and Economic Concerns General Information about KidConnections      Parent/Child Attachment      Other		
Comments		
<b>Child's Placement Type:</b> Biological Parent      Foster Care      STRTP      Other:		

### Biological Parent Information

<b>Biological Parent Full Name:</b>	Date of Birth:	<b>Relationship to the Child:</b>	Legal Custody:	Sole	Joint	None
			Physical Custody:	Sole	Joint	None
<b>Ethnicity (mark one):</b>			<b>Primary Language (mark one):</b>			
Asian      Hispanic      Alaska Native/Native American Multiracial      White      Black/African American Other:			English      Spanish      Vietnamese  Other:			
<b>Address:</b>			<b>Home Phone:</b>		<b>Best time to Call:</b>	
<b>City:</b>			<b>Work Phone:</b>			
<b>Zip:</b>			<b>Cell Phone:</b>			

### Case Coordination Information

Service Type <small>(check all that apply)</small>	Contact Name	Contact Phone Number & Email	Other
<b>Social Worker:</b>			Case #:
<b>Mentor Parent:</b>			
<b>Probation Officer:</b>			

### Provide Additional Information to Service Provider

<b>Restraining Orders:</b>	
<b>Court Orders:</b> <small>(i.e. parenting workshops)</small>	
<b>Visitation:</b> <small>(i.e. supervised or unsupervised visitation with other biological parent)</small>	
<b>Substance Use Treatment:</b> <small>(i.e. residential, THU, Outpatient)</small>	
<b>Other:</b> <small>(i.e. housing considerations)</small>	





## Cross Systems/ Dually Involved STARTS Referral Form

Behavioral Health Call Center: **Phone:** (800) 704-0900, **Fax:** (408) 947-5848 **Email:** [KCN.Referral@hhs.sccgov.org](mailto:KCN.Referral@hhs.sccgov.org)

**3e. Referral Comments and Specific Concerns:**

**4. Additional Comments, Notes, Information:**