

Family Resource Center REFERRAL COVER SHEET

DATE: _____

NUMBER OF PAGES: _____

TO: Santa Clara County Behavioral Health KCN Referral Center

Phone: (800) 704-0900, **Fax:** (408) 947-5848 **Email:** KCN.Referral@hhs.sccgov.org

Select Site:

| | | |
|---|--------------------|--------------|
| Adelante | Gardner | Morgan Hill |
| African American Community Service Agency | Generations | Painter |
| Captain Jason Dahl | George Shirakawa | Roots |
| César Chavez | Hubbard | San Miguel |
| Cureton | ICAN | Seven Trees |
| Educare | Josephine Guerrero | Sherman Oaks |
| Evergreen | Luther Burbank | Other: |
| | Mercy St. | |

REFERRAL PARTY INFORMATION (PLEASE CLEARLY PRINT):

Referral Source Name: _____

Email Address: _____

Document Checklist

- 1. Referral Cover Sheet**
- 2. STARTS Referral Form**
- 3. ASQ-3 Information Summary Page (not older than 60 days)**
- 4. ASQ: SE-2 Information Summary Page (not older than 60 days)**
- 5. Other Documents (Optional)**

Caregiver request: