KIDCONNECTIONS REFERRAL FAX SHEET

DATE: ________________________           NUMBER OF PAGES: ______________

TO: Mental Health Department Call Center: 0-5 Team

PHONE NUMBER: 800-704-0900                   FAX NUMBER: 408-938-4536

____________________________________________________________________________

REFERRAL PARTY INFORMATION (PLEASE CLEARLY PRINT):

NAME_____________________________________________________________________

AGENCY____________________________________________________________________

EMAIL ADDRESS____________________________________________________________

Document Checklist

☐ Referral Fax Sheet
☐ STARTS Referral Form
☐ ASQ-3 Information Summary Page (not older than 60 days)
☐ ASQ:SE Information Summary Page (not older than 60 days)
☐ Other Documents (Optional)

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