

RE: Referral Request for Presumptive Transfer Child in Marin County (AB1299)

To: Placing Agency in _____ County

From: Marin County Behavioral Health and Recovery Services, ACCESS Unit

On _____ we received your referral request for Specialty Mental Health Services (MHS) for _____, a Presumptive Transfer foster child placed in Marin County.

In order to process your request, we need the following checked items:

Placing Agency:

Child's name (include aliases): _____

Date of birth: _____ SSN or CIN: _____

Placement/Caregiver's name: _____

Address: _____

Telephone: _____

MEDS printout indicating client's county of residence

Child Welfare Worker (CWW) name: _____

CWW Phone: _____ CWW Fax: _____

Probation Officer name and contact information, if applicable: _____

Signed Release of Information and contact information for who can sign:

Signed Consent to Treat and contact information for who can sign:

Current JV220 if client is currently prescribed psychotropic medication

Mental health assessment (most recent, if applicable) and treatment plan

Fax your completed form and documentation to (415) 473-2353, Attn: AB1299 Point of Contact.

For further information or if you have any questions about the information we need you to include, please call the Access Line at (888) 818-1115 and someone will respond.