



Fax

To: _____ **From:** _____

Fax: _____ **Pages:** _____

Phone: _____ **Date:** _____

Please select the Prevention & Intervention program you are referring to:

- Children’s Support and Parenting Program (CSPP)**
CSPP programs provide parents with the support they need to build strong relationships and give family members valuable tools to become a healthy family.
Phone: (714) 480-4678
Fax: (714) 480-6608
- Community Counseling and Supportive Services (CCSS)**
CCSS is a short-term counseling program for Orange County residents with a mild to moderate behavioral health condition and limited or no access to care.
Phone: (714) 645-8000
Fax: (714) 954-2985
- Connect the Tots (CTT)**
Only accepts referrals from the School Readiness Collaborative (Children’s Bureau and The Prevention Center)
CTT provides services to families with children ages 0 to 8, who are exhibiting behavioral problems that put them at increased risk for developing mental illness and experiencing school failure.
Phone: (714) 480-4678
Fax: (714) 480-6608
- Orange County Acceptance through Compassionate, Care, Empowerment and Positive Transformation (OC ACCEPT)**
OC ACCEPT is a short-term counseling program that provides community-based supportive services to individuals who are struggling with and/or self-identify as Lesbian, Gay, Bisexual, Transgender, Intersex and/or Questioning (LBTIQ) and the people important in their lives.
Phone: (714) 517-6100
Fax: (714) 517-6139
- Orange County Center for Resiliency, Education and Wellness (OC CREW)**
OC CREW serves youth ages 12 to 25 years who are experiencing a recent first episode of psychosis with symptoms that onset within the last 24 months.
Phone: (714) 480-5100
Fax: (714) 939-2078
- Orange County Parent Wellness Program (OCPWP) – for expectant and new parents**
{Formerly known as Orange County Postpartum Wellness (OCPPW) and Youth as Parents}
OCPWP provides services to pregnant youth and adults, as well as parenting youth and adults who have had a child within the last 12 months and are experiencing mild to moderate symptoms of depression and/or anxiety.
Phone: (714) 480-5160
Fax: (714) 939-2079

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**Behavioral Health Services
Prevention & Intervention Division
Referral Form**

For Office Use Only:	
MRN: 1000-	_____ - _____
FIN: 100-	_____ - _____

Program Participant is Being Referred to: CSPP CCSS CTT OC ACCEPT OC CREW OCPWP

Referral Source Information			
Referral Source:		Date of Referral:	
Name	Title	Email Address	
Address:			
Agency:	()	()	
Telephone Number			Fax Number

Participant Information		
Participant Full Name:	DOB: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Telephone Number:	Primary Language:	Other Language:
Address:		
Street Address Apt	City	Zip Code
Parent/Legal Guardian Name (If under 18):	Parent/Legal Guardian Name (If under 18):	
Telephone Number:	Telephone Number:	
Family Language:	Type of Medical Insurance (Participant):	

Reason for Referral/Comments

Referral Disposition (For Office Use Only)
<input type="checkbox"/> Declined Services <input type="checkbox"/> Unable to Locate/No Response From Participant <input type="checkbox"/> Did Not Meet Program Criteria <input type="checkbox"/> On Waitlist – Groups and Wellness Activities Offered
Screened Date: _____ Screened By: _____ Intake/Orientation Date: _____ @ _____ am pm Clinician: _____
Comments: _____ _____