* **MUST BE FILLED OUT AS COMPLETELY AS POSSIBLE**

Revised 8/2/18

S.A.F.E. MEETING REFERRAL FORM

S.A.F.E. Office Use Only
Reviewed by:_____
Case Manager:_____

Region South County S.A.F.E. PH: 474-2105 F: 474-2025 E: behavioralhealth.SAFE@co.slo.ca.us

Referral Date_____ Referred By_____

Referring Agency _____ Referral Phone_____
FAX _____

REQUESTED ATTENDANCE:

Name/Affiliation **(Besides SAFE Team members)**	Phone	Fax	Contacted
School Contact:			

Office use only: Pre-Staffing Meeting Start Time Location
Scheduled SAFE date/time _____ date/time _____ _____

☐ Transportation Needed ☐ Translation needed Case previously presented: ☐No ☐ Yes Date _____

CHILD'S NAME	AGE	ADDRESS	CITY/ZIP	PHONE
SOC SEC#	GRADE	DOB	SCHOOL OF ATTENDANCE / Current Placement / Sex / Ethnicity*	
MOTHER'S NAME	DOB	PHONE	Ethnicity*	Legal Guardian's Name (If different) PHONE
Mothers Address (if different, include city/zip)				Relationship to child
FATHER'S NAME	DOB	PHONE	Ethnicity*	Address (if different, include city/zip)
Father's Address (if different, include city/zip)				

SIBLING	Living in Same home Yes/No	DOB	Sex	Ethnicity*	GRADE	SCHOOL	Others Living in the Home	DOB
SIBLING	Living in Same home Yes/No	DOB	Sex	Ethnicity*	GRADE	SCHOOL		
SIBLING	Living in Same home Yes/No	DOB	Sex	Ethnicity*	GRADE	SCHOOL		
SIBLING	Living in Same home Yes/No	DOB	Sex	Ethnicity*	GRADE	SCHOOL		

CURRENT STATUS/OPEN CASES

Closed	Open	Staff	Case#
☐ DSS	☐	_____	_____
☐ CWS	☐	_____	_____
☐ Probation	☐	_____	_____
☐ Mental Health	☐	_____	_____
☐ Public Health	☐	_____	_____
☐ Spec. Ed.	☐	_____	_____
☐ D & A	☐	_____	_____
☐ Other	☐	_____	

Previous Placement (date)_____

FINANCIAL STATUS

☐ Medi-Cal ☐ CalWORKs (families)
☐ Insurance (private) ☐ AFDC-FC (foster child)
☐ Healthy Families ☐ Other_____

*ETHNICITY CODES

10 Native American	50 Hispanic
20 Asian	60 African American
30 Pacific Islander	70 White
40 Filipino	90 Other_____

Medical Concerns/Medication(s) (Note MD's name)_____

Current Therapist/Psychiatrist _____ _____
Name Phone Number

Student/Child/Family Strengths:

Presenting concerns/specific reasons for referral. Information on siblings is extremely helpful.

1. Presenting concerns/specific reasons for referral:

☐Substance Use	☐Employment Concerns
☐Parent Child Conflict	☐Child Behavioral Concerns
☐Loss/Grief	☐Educational Concerns
☐Homelessness	☐Criminal Behavior by parent
☐Domestic Violence	☐Criminal Behavior by youth
☐Financial Stress	☐Child Developmental Concerns
☐Child Abuse/Neglect	☐Bonding/Attachment Concerns
☐Medical Concerns	☐Other_____
☐Mental Health Concerns	

2A. What would the referring party like to see happen at the meeting/purpose?

2B. What would the family like to see happen at the meeting?

3. How are attendance, siblings, behavior, etc?

4. What current services/agencies is the family already connected to?

5. Does the family need immediate assistance from a family advocate? Are they Spanish speaking?