



REQUEST FOR SERVICES - STEPS PROGRAM

4660 Viewridge Avenue San Diego, CA 92123

Phone: (858) 565-2510 Fax: (858) 408-9769

Date of Referral: _____

Referring Party Information

Name of Agency/Program: _____

Phone Number: _____ Email: _____

Youth Information

Name: _____ DOB: _____ Age: _____

Social Security Number: _____

Gender: _____ Ethnicity: _____ Language Preferred: _____

Insurance: Medi-Cal Private Other Policy #: _____

Phone Number: _____

Address: _____

School/District: _____ IEP: YES/NO

Legal Guardian Information

Name(s): _____ Relationship: _____

Ethnicity: _____ Language Preferred: _____

Phone Number: _____

Address: _____

Parents/Caregiver Information (if different from the legal guardian)

Name(s): _____ Relationship: _____

Ethnicity: _____ Language Preferred: _____

Phone Number: _____

Address: _____

Please describe the reason for the referral including specific sexual behaviors by youth:

Please provide mental health treatment including dates, provider, diagnosis and psychiatric hospitalization:

Please list current medications and the prescribing doctor:

Please describe current or historical information of physical and/or verbal aggression

Please describe current or historical substance use:

Please describe current potential for harm including high risk behaviors (i.e., self-injurious behavior, suicidal ideation, homicidal ideation):

Please list any physical health concerns and/or allergies:

****Please provide all available supporting documentation. This may include:**

Behavioral Health Assessment
Psychological Evaluation Social
Study
Individualized Education Plan
CWS Detention or JD Reports
Authorization to use or Disclose Protected Health Information (04-24AP/04-24AC) Any other
documentation pertaining to the reason for the referral

Thank you for taking the time to make a referral to STEPS. We will be contacting you and/or the caregiver to schedule a screening. Please let us know your preferred days and times: _____

For questions or additional information, please contact the Program Manager:

Wences Savaiki at stepsreferrals@turnbhs.org