

Referring Agency: \_\_\_\_\_ Referrer Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Youth Name: _____	DOB: _____	SSN: _____
Race: _____	Gender: _____	Primary Language: _____
Parent/Caregiver/Conservator Name: _____		
Relationship: _____		Primary Language: _____
Youth's Street Address: _____		
City: _____	State: _____	Zip: _____
Type of Residence: _____		
Phone: _____	Email: _____	

Name of PMHP: \_\_\_\_\_ Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*If Referring Agency is a Primary Mental Health Provider,  
please include most recent CANS Assessment with referral form\*\***

Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_  
Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section 1: REFERRED YOUTH MUST MEET BOTH IDENTIFICATION FACTORS:**

- ☐ **County Criteria:** Youth must be a **dependent** of Sacramento County  
☐ **Age Criteria:** Youth must be between the ages of **10 - 18** years old

**Section 2: IF YOUTH MEETS BOTH CRITERIA FOR SECTION 1, SELECT THE RISK FACTORS:**

*(Youth must meet at least one of the identified risk factors/other risk factors)*

- ☐ Current or Previous History of Exploitation/Victimization *(sexual abuse of a youth through the exchange of sex or sexual acts).*

**Or**

- ☐ Has shared any of the following (check all that apply):

☐ AWOL

☐ Homeless

☐ Truancy from

☐ Domestic Violence

☐ Substance Abuse

School

**Or**

- ☐ Other Behaviors (be specific): \_\_\_\_\_

**This document contains Protected Health Information (PHI), which should be safeguarded to protect the youth. If returning via email, please encrypt the document, due to the highly sensitive information listed.**