## INSTRUCTIONS FOR COMPLETING THE MULTI-SERVICE REFERRAL AND CLIENT RELEASE OF INFORMATION:

- 1. Referring agency is to complete pages 1 and 2.
- 2. Participant is to complete page 3, sign and date.
- 3. Referring agency faxes all three pages to the agency(s) to which the participant is being referred.

## **FAX COVER SHEET**

This is not an exclusive list of fax numbers. If the agen	cy is not included, please write in under Other.
<ul> <li>□ Allan Hancock EOPS/CalWORKs fax# 922-2606</li> <li>□ Americas Job Centers of California (Shoreline Workforce Development; CA Employment Development Dept.; Pathpoint; Mission Community Services, Cuesta College, Department of Rehabilitation) fax #s:SLO 903-1411; South 270-3107</li> <li>□ Cal-SAFE fax# 473-5624</li> <li>□ Community Action Partnership (CAPSLO) Programs:</li> <li>□ Child Care Resource Connection fax # 541-0141</li> <li>□ Direct Services/Parent Education fax # 541-1264</li> <li>□ Head Start/ Early Head Start fax # 544-4275</li> <li>□ Community Health Centers: city &amp; fax #</li> <li>□ County Office of Education fax # 541-1105</li> <li>□ Cuesta College Programs:</li> <li>□ CalWORKs fax # 546-3998</li> <li>□ ILP fax # 781-1940</li> <li>□ WIA Youth Employment fax # 903-1431</li> <li>□ Estrella Career Center 591-6315</li> <li>□ Department of Rehabilitation #542-4682</li> <li>□ Department of Social Services</li> <li>□ Adult Services fax # 788-2834</li> <li>□ Child Welfare Services fax # 781-1701</li> <li>□ Participant Services fax # 781-1686</li> <li>□ Drug and Alcohol Services fax # 781-1686</li> <li>□ Drug and Alcohol Services fax # 781-1227</li> <li>□ Family Care Network fax # 201-3535</li> <li>□ Food Resources</li> <li>□ Food Bank Coalition fax # 238-6956</li> <li>□ Loaves and Fishes: city &amp; fax #</li> <li>□ Homeless Services</li> <li>□ CAPSLO North County Case Mgmt fax # 466-3723</li> <li>□ CAPSLO South County Case Mgmt fax # 473-8349</li> <li>□ ECHO fax # 462-3663</li> <li>□ Maxine Lewis Shelter/SLO Case Mgmt fax # 546-8349</li> <li>□ Prado Day Center/SLO Case Mgmt fax # 546-8349</li> <li>□ Transitional Food &amp; Shelter ph # 238-7056 (call &amp; mail)</li> </ul>	Hospital: name & fax #  Housing Authority SLO fax # 595-1372  Independent Living Resource Center fax # 462-1166  Kinship Center fax # 434-3839  The LINK fax # 462-8901  Martha's Place fax # 781-4962  Mental Health fax # 781-1177  Probation  Adult fax # 781-1231  Duvenile fax # 781-1169  Public Health fax # 781-1372  S.A.F.E.  Atascadero fax # 462-8901  Central/Coastal fax # 781-1177  Martha's Place (ages 0-5) fax # 781-4962  Paso CARE fax # 237-6174  Salvation Army: city & fax #  School Districts:  Atascadero fax # 466-2941  Lucia Mar fax # 473-1587  Paso Robles fax # 237-3476  San Luis Coastal fax # 543-6567  Templeton fax # 434-5879  Other  Sexual Assault Recovery & Prevention Ctr. (SARP) fax # 545-5841  Tobacco Control fax # 781-1235  Transitions-Mental Health fax # 540-6501  Tri-Counties Regional Center fax # 543-8725  Veterans Administration fax # 781-5769  Victim Witness Assistance Center fax # 781-5828  Women's Shelter  North County fax # 461-8115  SLO fax # 781-6410  Other  Other  Other  Other  Other  Other  Other  Other
Date:	Pages:
To: Progra	m/Title: Fax:
From: Progra	m/Title: Phone:
Re:	

Federal Reg Title 42: This Information has been disclosed to you from records that are confidential and protected by Federal Law. Federal regulations (42 code of Federal Regs, Part 2) prohibits you from making any further disclosures of the records or information without specific written consent of the person to whom it pertains. A general authorization for the release of Information is not sufficient for this purpose.

NOTE: This message, including all attachments, is intended only for the use of the person(s) to whom it is addressed, and may contain information that is confidential and subject to the attorney-client privilege. It should not be forwarded in printed or electronic form to any other person or computer. If you received this message and are not the intended recipient or an agent responsible for delivering this message to the intended recipient, you have received this message in error; please immediately notify the sender and destroy your copy. Thank you.

San Luis Obispo County Multi-Service Referral and Client Release of Information

TO BE COMPLETED BY REFERRING	AGENC	Y:			Date of R	eferral:	
Person Referred:					DOB:		
Address:					Telephon	e:	
Street	City		Zip	Code	Okay to le	eave mess	sage  Yes  No
Parent/Caretaker (if applicable):							
Language:  English Spanish Other:				Contact Persor	າ:		
COMPLETE IF PARTICIPANT IS PREGNANT/I	HAS CHILD	REN:					
Due Date:	If referrir	ng to Public Heal	th: # Live E	Births:			
Ages of Children:		n ages 0 to 5, wattach copy of sco			d: 🗌 Yes	□No	
Referring Person:	<del>-</del>			Email:			
Referring Agency:							
Referring To:							
Purpose of Referral:					n Meeting	☐ PHN	☐ Sexual Abuse
☐ Chronic Neglect ☐ Homeless ☐ Mer	ntal Health	☐ Young Child	ren 0-5	☐ Domestic \	/iolence	☐ VSP	☐ Poverty
Other:							
FOR DEPA	ARTMEN	T OF SOCIAL	SERVI	CES USE ON	ILY		
Office of origination:					☐ Referral	#	
Beginning Date:	End D	ate:			Case #		_
Case type (Check all that apply): ☐ CW ☐ CV	VS S.A	.F.E. 🗌 AS 🗀	] Pre-Adop	otion	doption [	300 WIC	C ☐ 600 WIC
Purpose of referral: ☐ Drug Testing ☐ D	rug Assessı	ment	p Center (C	Complete DSS 8	13 then fax	to #434-3	3839)
☐ Martha's Place ☐ Martha's Place <b>SAFE</b> (Referral 0-5 SAFE, and Martha's Place Authorization	ages 0-5) (ages to Exc	Complete forms: hange Information	Martha's on 0-5 SAF	Place Child Ass E & fax 781-49	essment Fo 62– availab	orm SAFE ble on DSS	, Martha's Place S Net)
☐ Mental Health Managed Care (Complete DSS	S 821 & DS	S 823 & fax to C	entral Acce	ess #781-1177)			
CAPSLO Direct Services (	visor Signature	_) □ CAPS	LO Parent	Education [	Other		
Additional comments:							

Please do not edit this form. For minor corrections, contact <a href="mailto:bbenassi@co.slo.ca.us">bbenassi@co.slo.ca.us</a>. For content revisions, contact <a href="mailto:sgraber@co.slo.ca.us">sgraber@co.slo.ca.us</a>.

## San Luis Obispo County Multi-Service Referral and Client Release of Information MULTI-SERVICE CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION WHICH MAY INCLUDE ALCOHOL OR DRUG AND MENTAL HEALTH INFORMATION

l,	, authorize for myself or for my child,	, the Multi-Service Team of
	members that are listed below which I have initional inition in the members that are limited as possible; initial only the members in the mem	
my name and other person (initial)	nal identifying information;	
my status as a client in tre	atment;	
(initial) evaluation of my service n	eeds by the Team:	
(initial)		
participation and attendan (initial)	ce of services, with special authorization to includ	e:
☐ Health Services ☐ Pi	regnancy Status 🔲 Mental Health 🔲 Drug & A	Icohol Services
summary of service plans, (initial)	progress, and discharge plan; and	
other:		
(initial)		
The purpose of the disclosures authorized in to evaluate my need for services and provide	n this consent is to: <u>enable the programs and ag</u> reand coordinate their services to me.	encies that are authorized to release information
and Drug Abuse Patient Records, 42 C.F.R. Pts. 160 & 164, and cannot be disclosed wi records concerning mental health services a notes and cannot be released herewith.	eatment records are protected under the federal. Part 2, and the Health Insurance Portability and thout my written consent unless otherwise providure protected by State law. I understand a separate tation to release information any time by giving versions.	Accountability Act of 1996 ("HIPAA"), 45 C.F.R. led for in the regulations. I also understand that atte authorization would be needed for psychiatric
	sed prior to a revocation of this authorization sha	
This authorization expires one year from	date signed.	
Signature of participant	Date	
Signature of person signing form if not participant		
Describe authority to sign on behalf of partic	ipant:	parent signing for child
PLEASE INITIAL FOR EACH AGENCY AU	THORIZED:	
	WS_Department of Social Services	The LINK
Americas Job Center of California	Adult Services	Martha's Place
Shoreline Workforce Dev.	Child Welfare Services	Mental Health
CA EDD	<u>MS</u> Participant Services	Probation: Adult Juvenile
Pathpoint	Drug and Alcohol Services	Public Health
Mission Community	Family Care Network	S.A.F.E.:
DSS	Food Resources	Salvation Army
Department of Rehabilitation	Food Bank Coalition	School District:
ms CAPSLO	Loaves and Fishes	SARP - Sexual Assault Recovery & Prevention
Child Care Resource Connection		Tobacco Control
<u></u> Direct Services/Parent Education	MS CAPSLO North County Case Mgmt	Transitions-Mental Health
Head Start/Early Head Start	CAPSLO North County Case Mgmt	Tri-Counties Regional Center
Other:	MS ECHO	Veterans Administration
Community Health Centers	MS Maxine Lewis Shelter/SLO Case Mgmt	Victim Witness Assistance Center
County Office of Education	WS Prado Day Center/SLO Case Mgmt	Women's Shelter
Cuesta College	ms Fraud Day Ceriter/SLO Case Mg/III  ms Transitional Food & Shelter	Cal-SAFE
CalWORKs	Hospital:	Other:1
ILP	Housing Authority SLO	Other:
· <del></del> ·		>

San Luis Obispo Co	ounty Multi-Service Referral an	d Client Release of Information	
WIA Youth Employment	Independent Living Resource Center	Other:	
Estrella Career Center	Kinship Center	Other:	