



3450 N. 3<sup>rd</sup> Street  
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## **Southwest Behavioral & Health Services Referral Form**

REFERRAL INFORMATION			
Date of Referral			
Person Making Referral			
Relationship to Client			
Contact Information			
School District			
School Name			
PERSONAL INFORMATION			
Name			
Date of Birth		Gender	
Primary Language			
Address			
City		Zip Code	
Phone		Guardian Name	
Email Address			
REASON FOR REFERRAL			
<p><i>What are some of the goals you would like to see accomplished through services from SB&amp;H?</i></p> <p><i>What are previous interventions that have been tried?</i></p>			
<b>EMAIL COMPLETED FORM TO <a href="mailto:SchoolBasedReferrals@SBHServices.org">SchoolBasedReferrals@SBHServices.org</a></b>			
INTERNAL SBH USE ONLY			
Funding Source	<input type="checkbox"/> AHCCCS <input type="checkbox"/> MHBG <input type="checkbox"/> CBHSF <input type="checkbox"/> Commercial		
Date Received			
Outreach	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>		
Intake Date			