

HOMELESS OUTREACH PROGRAM INTEGRATED CARE SYSTEM

Behavioral Health Services

REFERRAL FORM

bhs@hopics.org

Today's Date: _____

How did you hear about HOPICS Behavioral Health Services?

DCFS: _____ Probation: _____

HOPICS Website Other: _____

I. Client's Identifying Information

First and Last Name: _____

Phone Number: (____) _____

Email Address: _____

Spanish Speaking ONLY (please select one): Yes No

1. Birth Date: _____

2. What is your current gender identity: Female Male
 Trans female/Trans woman Trans male/Trans man
 Non-binary Decline to state Other: _____

3. Please Specify Ethnic Background:
 American Indian/Alaska Native Asian Black or African American White or Caucasian
 Hispanic/Latino Native Hawaiian/Pacific Islander Multiracial
 Decline to state Other: _____

4. Does individual have any form of identification? Yes No If yes, please specify: _____

II. Insurance Information

5. Do you have insurance? Yes No

6. If yes, insurance type, number, and issue date: _____

III. Presenting Problems

- Victim of or witness to a Violent Crime (i.e. domestic violence, gang violence, homicide, sexual assault, child abuse, etc.)
- Substance Use Disorder
- Mental and Emotional Disturbances
- Currently Experiencing Homelessness

IV. Programs

- Adult Outpatient Program (AOP) – Individual Therapeutic and Case Management services, ages: 18+
- Client Engagement & Navigation Services (CENS) – Substance Use and Recovery services, ages: 18+
- Trauma Recovery Center (TRC) – Individual Therapeutic and Case Management services, must identify as a victim of or witness to a crime, ages: 5+
- Expressive Arts Program (KI) – Group and Individual Therapeutic and Case Management services with expressive arts focus for anyone who is at-risk of being a victim of a crime, ages: all ages



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Women's Treatment Program (WTP) – Individual and Group Therapeutic, Case Management and Substance Use services, must identify as a single, adult (18+) female who is currently experiencing homelessness, who has experienced trauma and may also be struggling with substance use.

For Internal Use Only: Form received/reviewed by: _____ Date: _____

Date Client Contacted _____ Outcome: Appt Sched No Ans Wrong/Discn No. Left Msg INIT: _____

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