



REQUEST FOR SERVICES

CALM offers a continuum of services for children, youth, parents/caregivers (including prenatally), and community-based providers. CALM does not offer couples counseling or behavioral services for autism spectrum disorder or attention deficit hyperactivity disorder. Please visit CALM's website to learn more: www.calm4kids.org.

Referral Information			
Date of Referral:	<input type="checkbox"/> This referral was made with the prospective client's permission		
Referred By:	Organization:	Phone:	Email:
Referred to: <input type="checkbox"/> Santa Barbara sbreferrals@calm4kids.org Phone: (805) 963-2376 Fax: (805) 963-6707	<input type="checkbox"/> Santa Maria smreferrals@calm4kids.org Phone: (805) 614-9160 Fax: (805) 736-6495	<input type="checkbox"/> Lompoc Lompocreferrals@calm4kids.org Phone: (805) 741-7460 Fax: (805) 736-6495	
Areas of Interest			
Clinical Programs	<input type="checkbox"/> Parent Education	<input type="checkbox"/> Home Visitation	<input type="checkbox"/> Therapy
Community Programs	<input type="checkbox"/> Infant & Early Childhood Mental Health Consultation		<input type="checkbox"/> Professional Development/Training
Reason for Referral			
Referring Provider Comments:			
Is prospective client receiving services elsewhere? If so, what type and where:			
Parent/Caregiver Information <i>(required for clinical programs)</i>			
Parent/Caregiver Name:	Phone Number:	Okay to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No Okay to text? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred time to call:
Address:		Relationship to child? <i>(if applicable)</i>	Preferred language:
Parent/Caregiver Name:	Phone Number:	Okay to leave voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No Okay to text? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred time to call:
Address:		Relationship to child? <i>(if applicable)</i>	Preferred language:
Child Information <i>(if referred for services)</i>			
Child's Name:	Date of Birth:	School:	Gender:
Primary Insurance: <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Insurance			