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:	☐ This referral was made with the prospective client's permission		
Referred By:	Organization:	Phone:	Email:
Referred to:	☐ **Santa Barbara** sbreferrals@calm4kids.org Phone: (805) 965-2376 Fax: (805) 963-6707	☐ **Santa Maria** smreferrals@calm4kids.org Phone: (805) 614-9160 Fax: (805) 614-9363	☐ **Lompoc** Lompocreferrals@calm4kids.org Phone: (805) 741-7460 Fax: (805) 736-6495

Areas of Interest			
Clinical Programs	☐ Parent Education	☐ Home Visitation	☐ Therapy
Community Programs	☐ Infant & Early Childhood Mental Health Consultation	☐ Professional Development/Training	

Reason for Referral

Referring Provider Comments:

Is prospective client receiving services elsewhere? If so, what type and where:

Parent/Caregiver Information *(required for clinical programs)*			
Parent/Caregiver Name:	Phone Number:	Okay to leave voicemail? ☐ Yes ☐ No Okay to text? ☐ Yes ☐ No	Preferred time to call:
Address:		Relationship to child? *(if applicable)*	Preferred language:
Parent/Caregiver Name:	Phone Number:	Okay to leave voicemail? ☐ Yes ☐ No Okay to text? ☐ Yes ☐ No	Preferred time to call:
Address:		Relationship to child? *(if applicable)*	Preferred language:

Child Information *(if referred for services)*			
Child's Name:	Date of Birth:	School:	Gender:
Primary Insurance:	☐ Medi-Cal	☐ Private Insurance	☐ No Insurance