**Care Nav Referral Form**

|  |
| --- |
| ***CONTACT INFORMATION*** |
| ***Youth Name:***  | ***Youth DOB:*** | ***Preferred Language:*** |
| ***Youth Phone Number:*** | ***Parent/Guardian Phone Number(s):*** | ***Preferred Contact Method:***[ ]  ***Phone Call*** [ ]  ***Text*** [ ]  ***Email*** |
| ***Address:*** | ***Zip Code:***  | ***County/Jurisdiction:*** |
| ***Parent/Guardian Name(s) and Email(s):*** |
| ***Referral Source Name, Agency, Phone Number(s), and Email(s):*** |

|  |
| --- |
| ***REASON FOR SERVICES*** |
| **Reason for Service/Service(s) Requested:**  |  [ ]  Mental Health/Care [ ]  Substance Use Disorder (SUD) [ ]  ER/Crisis [ ]  Challenging Behaviors [ ]  Family Support [ ]  Other: | **If checked “other”, please explain:** |
| **Is the youth currently enrolled in any other services?** | [ ]  *Yes* [ ]  *No* | **If yes, what services?** |
| **Has the youth used/accessed any other services in the past?** | [ ]  *Yes* [ ]  *No* | **If yes, what services?** |
| **Does the youth currently have health insurance?** | [ ]  *Yes* [ ]  *No* | **If yes, what insurance?** |
| **Is the youth currently receiving CSA funded services?**   | [ ]  *Yes* [ ]  *No* | **Where** **does the youth currently access healthcare (PCP, urgent care, emergency visits, etc.)?** |
| **Does the youth currently have transportation?** | [ ]  *Yes* [ ]  *No* | **If yes, what transportation utilized (Car, bus, etc.)?** |
| **Please list any additional information/barriers:** |  |
| **NVFS Conexiones: Youth would benefit from services tailored for Spanish speaking immigrant families, with flexibility for home visiting and later hours.** | [ ]  *Yes* [ ]  *No* |

**Connect with one of our Care Navigators**

**Phone**: 703-468-0040

**Email**: youthcarenav@hopelinkbh.org