



Care Navigation Interest and Referral Form

Date of Request: _____

CONTACT INFORMATION		
Youth Name:	Youth DOB:	Preferred Language:
Youth Phone Number:	Parent/Guardian Phone Number(s):	Preferred Contact Method:
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			
What are the primary concerns and reasons for needing referral?	<input type="checkbox"/> Mental Health/Care <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> ER/Crisis <input type="checkbox"/> Challenging Behaviors <input type="checkbox"/> Family Support <input type="checkbox"/> Other:	If checked "other", please explain:	
Is the youth currently enrolled in any other services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what services?	
Has the youth used/accessed any other services in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what services?	
Does the youth currently have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what insurance?	
Is the youth currently receiving CSA funded services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where does the youth currently access healthcare (PCP, urgent care, emergency visits, etc.)?	
Does the youth currently have transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what transportation utilized (Car, bus, etc.)?	
Is the youth willing to participate in assessment and referral services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the youth mandated by court to participate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Connect with one of our Care Navigators

Phone: 703-468-0040

Email: youthcarenav@hopelinkbh.org