



## HOLLYWOOD MENTAL HEALTH COOPERATIVE

### REFERRAL FORM

The Hollywood Mental Health Cooperative serves individuals experiencing severe mental illness in the Hollywood area. This referral is for individuals requiring a field based service.

SEND COMPLETED REFERRALS TO [HOLLYWOOD2.0@DMH.LACOUNTY.GOV](mailto:HOLLYWOOD2.0@DMH.LACOUNTY.GOV)

### CLIENT INFORMATION

FULL NAME AND/OR AKA: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ GENDER: \_\_\_\_\_

RACE/ETHNICITY: \_\_\_\_\_ LANGUAGES SPOKEN: \_\_\_\_\_

PHYSICAL DESCRIPTION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

HMIS #: \_\_\_\_\_ IBHIS #: \_\_\_\_\_ ORCHID MRN: \_\_\_\_\_

### REFERRAL SOURCE INFORMATION

TODAY'S DATE: \_\_\_\_\_ AGENCY/ORGANIZATION/PROGRAM: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ RELATIONSHIP WITH CLIENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### COLLATERAL CONTACT INFORMATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

### REASONS FOR REFERRAL

IS THE CLIENT CURRENTLY LOCATED IN HOLLYWOOD?                      YES                      NO

MENTAL HEALTH CONDITIONS: \_\_\_\_\_

SUBSTANCE USE: \_\_\_\_\_

PHYSICAL HEALTH CONDITIONS: \_\_\_\_\_

### AVAILABLE CO-OP SERVICES

Choose which Co-Op team you would like to serve this client.

- ENGAGEMENT UNIT Serves individuals that are unsheltered with severe mental illness often unable to meet their basic needs and requiring intensive field-based services
- CARE UNIT Individuals served may be housed or unsheltered with severe mental illness unable to engage in outpatient services and require intensive field-based services
- WELLNESS UNIT Serves individuals that are currently housed or ready to be stepped down from intensive field-based services with a focus on psychosocial services and continued mental health stability.