BEHAVIORAL HEALTH APPLICATION FOR SERVICES

San Luis Obispo Behavioral Health Department	☐ DAS 2180 Johnson Ave, San Luis Obispo, CA 93401 Phone: (805)-781- 4275 FAX (805) 781-1227	☐ MH 2178 Johnson Ave, San Luis Obispo, CA 93401 Phone: (800) 838-1381 FAX (805) 781-1177

REFERRAL Who referred you? (check as many as apply)				
	☐Self ☐School ☐Employer ☐Family ☐Friends	☐ DUI ☐Jail ☐Medical/Physician ☐Medical Hospital ☐Child Welfare Services ☐Social Services	☐Court ☐Probation ☐Parole ☐Prop 36 Court ☐Adult Felony Drug Ct. ☐Post Release Comm. AB109	☐Mobile Crisis ☐Private Mental Health Practice ☐County Mental Health ☐Other Psychiatric Hospital ☐Vocational Rehab ☐SAFE
	☐OTHER specify:		☐OTHER specify:	☐OTHER specify:

Applicant Name (First, Middle, last, Jr. Sr., I or II)			
Applicant First Name as it appears on Birth Certificate			
Gender ☐Female ☐Male ☐Nonbinary ☐ Not Answered	Date of Birth	Date of Birth is ☐Actual ☐Estimated	Age
Applicant Street Address		City / State / Zip	
Mailing Address (if different than above)		City / State / Zip	
Home/Message Phone	Cell Phone	☐ OK to leave message?	Email Address
Driver's License Number	Driver's License State	Social Security Number	Reason no SSN given
BIRTHPLACE ☐SLO County	Other CA COUNTY- Specify	Other STATE Specify	Other COUNTRY Specify

MARITAL STATUS	Applicants MOTHER'S FIRST Name?	☐ Never Married ☐Married ☐Widowed ☐Divorced ☐Separated ☐ Domestic Partner

RACE ETHNICITY	Are you of Hispanic or Latin origin? ☐ Yes ☐ No					
		☐White	☐Other Hispanic	☐Laotian	☐Guamanian	☐Other Race Specify:
		☐Black	☐Hawaiian	☐Cambodian	☐Alaskan Native	
		☐Native American	☐Japanese	☐Korean	☐Samoan	
		☐Mexican/American	☐Chinese	☐Other Asian	☐Asian Indian	
		☐Latin American	☐Filipino	☐Vietnamese	☐Mixed Race	

LANGUAGE	PRIMARY LANGUAGE ☐ English ☐Spanish ☐American Sign Language ☐ Other (Specify)	☐Services needed in language other than English
	PREFERRED LANGUAGE ☐ English ☐Spanish ☐American Sign Language ☐ Other (Specify)	

WORK	☐Employed full-time (35 hrs or more per wk) ☐Unemployed (looking for work) ☐Not in labor force (not looking for work)
	☐Part time (less than 35 hrs per wk) ☐Unemployed (not looking for work) Not working because (reason)? ➡

LIVING ARRANGEMENTS				
	☐House/Apt/Mobile Home	☐Homeless in transition	☐Drug Residential Rehab	☐Correctional Facility Adult
	☐SRO Hotel, Motel/Rooming House	☐Homeless no County residence	☐Group Qtrs. dormitory, barracks , camp	☐Sober Living Environment
	☐Friend/Other	☐Group Home	☐Foster Home (Child/Yth)	☐Other

APPLICANTS FAMILY	Is applicant PREGNANT? ☐Yes ☐No	DUE DATE:	Number of Applicants Children 0-5 Years	Number of Applicants Children 6-17 Years
	Has applicant had or currently has an open Child Welfare Services case? ☐Yes ☐No		Number of children under 17 applicant cares for 50% of the time	
	Number of dependent adults applicant cares for 50% of the time			

EDUCATION	Highest Grade Completed	Vocational Program ☐Yes ☐No	Current School Name
	Specify Degree	Specify Vocational Program	School District of Residence

DISABILITY	☐1 Hearing ☐2 Visual ☐3 Mobility ☐4 Speech ☐6 Health ☐7 Developmentally Disabled ☐8 Other(not drug or alcohol) ☐12 Mental

MILITARY	Are you a Veteran ☐Yes ☐No ☐Decline to Answer	Do you have a military connected disability ☐Yes ☐No
	Do you have VA Benefits: ☐Yes ☐No	If yes, VA Claim Number

Other Names Used	First	Middle	Last

EMERGENCY CONTACT	Name	Phone	Work Phone
	Address		Relationship to Applicant

LEGAL INFO	Probation Contact Name & Phone #	Court Case #	Social Worker's Name & Phone #
	Parole Contact Name & Phone #	CDC Number #	Other/Conservatorship/JuvCourt300/601/602

FINANCIAL	What is your monthly family income?	How many people live on your income including you?
	MediCal? ☐Yes ☐No	MediCal/CIN Number (eg. 123456789A)
	Medicare Number	Private Insurance ☐Yes ☐No

CLIENT NAME:	DATE	CLIENT NUMBER