



Youth Behavioral Health Case Management Self-Referral Instruction Sheet

1. Please complete all fields accurately and with as much information as possible
2. Please note – “The referral reason” is essential and provides Case management staff with important details prior to the intake appointment
 - a. Ex) This section is open- ended and meant for a thorough description of the behavior/concerns.
3. Connected with other resources? - For example, if the youth is receiving services with another program or agency, please note on the referral.
4. Current Medications - Please complete this field with appropriate information.

**Please submit all self-referrals via email or walk-in.
Referrals can be sent to the following email address:**

youthcasemanagement@santafecountynm.gov

Call us at 505-995-2790 with any questions, Thank you!



Youth Behavioral Health Case Management Self-Referral

Youth Name: _____

Date Referred: _____

Contact Information

Phone #: _____ Email: _____

DOB: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Phone #: _____

Address: _____

Email: _____ Relationship to Student: _____

Parent/Guardian Name: _____ Phone #: _____

Address: _____

Email: _____ Relationship to Student: _____

Referral Reason:

Self-referral Emergency Room Visit Juvenile Probation Evolvement SFPS Other: _____

Are you already connected with other community resources? If known, please specify:

Current Medications (if any):

Client Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____