**Referral for Behavioral Health Services**

*\*If the client appears to be in acute distress or may be in imminent danger to self or others, please contact Crisis Response Services (509.826.6191) immediately. PLEASE DO NOT USE THIS FORM FOR EMERGENCIES.*

We also have a referral line where you can call in this information if you prefer. The number

is **509.826.8585**. Otherwise, please complete this form and fax it to **509.826.3029**.

**Date:**

**Referent Name:**       **Referent Phone #:**

**Client Name:**       **Date of Birth:**

**Client Phone #:**

**Client Address:**

**Type of service requested:** [ ]  Mental Health [ ]  Substance Use Disorder

**Who provides consent on behalf of the client:** [ ]  Self [ ]  Other (identify name and relationship in the space provided -

**PLEASE PROVIDE THE CIRCUMSTANCES OR SPECIFIC CONCERN(S) GENERATING THIS REFERRAL:**

The client can expect to be contacted by our enrollment staff via phone and/or mail and offered the opportunity to start the process to enter treatment services.