# Offender Treatment Program (OTP) Referral Form

## CLIENT INFORMATION

<table>
<thead>
<tr>
<th>CLIENT NAME</th>
<th>GENDER</th>
<th>□ M □ F □ Transgender □ Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>CITY/ZIP</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF HOUSING</th>
<th>□ Homeless □ Home □ Residential SUTS Tx □ Transitional Housing (THU) □ Other</th>
</tr>
</thead>
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<table>
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<tr>
<th>PHONE #</th>
<th>DATE OF BIRTH</th>
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## ELIGIBILITY – All 4 sections are required and must be checked off

1. [ ] Currently connected to the Criminal Justice system in Santa Clara County

2. [ ] Receiving, recently referred to, recently completed, or in need of SUTS Treatment Services

3. [ ] Not receiving other case management services (i.e. MH Service Team, FSP, MIOCR, housing CMer)

4. [ ] Need additional support to be in compliance with court, probation, and treatment requirements

## ELIGIBILITY

- Access to Transportation
- Referrals for Food
- Referrals for Clothing
- ID and/or Social Security Card
- Benefits: GA, Food Stamps, Medi-Cal
- Disability: SSI, SSDI
- Linkage to Mental Healthcare
- Linkage to Primary Healthcare
- Linkage to Dental and/or Optometry
- Linkage to Employment Resources
- Linkage to Education Resources
- Linkage to Housing Resources

## COMMENTS/SPECIAL NOTES:

## REFERRANT INFORMATION

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE</th>
<th>CLICK HERE TO ENTER A DATE.</th>
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<table>
<thead>
<tr>
<th>TITLE</th>
<th>AGENCY</th>
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<tr>
<th>PHONE</th>
<th>EMAIL</th>
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## REFERRAL PACKET MUST INCLUDE

- Completed Referral Form
- Signed System Consent Form
- Signed Criminal Justice Consent Form

In addition, DADS Providers will submit:
- Continuum of Care Form pertinent to referral
- Most recent DADS Referral for Services

### Submit All Forms to Clinical Program Lead, Jazmin Buntic, LMFT

EMAIL: jazmin.buntic@hhs.sccgov.org (please send via secure server)

FAX: 408-947-8719

PHONE: 408-792-5644

Revised 6/12/16 AA