



KIDCONNECTIONS REFERRAL FAX SHEET

DATE: _____ NUMBER OF PAGES: _____

TO: Mental Health Department Call Center: 0-5 Team

PHONE NUMBER: 800-704-0900

FAX NUMBER: 408-938-4536

REFERRAL PARTY INFORMATION (PLEASE CLEARLY PRINT):

NAME _____

AGENCY _____

EMAIL ADDRESS _____

Document Checklist

- Referral Fax Sheet
- STARTS Referral Form
- ASQ-3 Information Summary Page (not older than 60 days)
- ASQ:SE Information Summary Page (not older than 60 days)
- Other Documents (Optional)

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