 **BRIGHTER BEGINNINGS REFERRAL FORM**

**□ Antioch Clinic**

512 West 5th St. Antioch, CA 94509

Antioch, CA 94509 (925) 303-4780

(888) 927-0710 (fax)

**□ Antioch Family**

**Health Clinic**

3505 Lone Tree Way Suite #1

Antioch, CA 94509

(925) 303-4780

(888) 927-0710 (fax)

* **Richmond Family Health Clinic**

2727 Macdonald Ave.

Richmond, CA 94804

(510) 236-6990

(888) 927-0710 (fax)

* **Oakland Center**

1. E. 11th St

Suite # H01

Oakland, CA 94601

(510) 437-8950

(510) 437-9795 (fax)

\*Please send emails for

Alameda County referrals to: [alamedareferrals@brighter-beginnings.org](mailto:alamedareferrals@brighter-beginnings.org)

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| **PRIMARY CONTACT INFORMATION** | | | | | | |
| NAME: | | DOB: | | AGE: | GENDER:  □ Male □ Female | |
| ETHNICITY: | | | PRIMARY LANGUAGE: | | | |
| ADDRESS: | | | | | | |
| PHONE: CELL:  May we say that we are calling from Brighter Beginnings? □ Yes □ No, please use code name “Tina” | | | | | | |
| **CLIENT INFORMATION** | | | | | | |
| NAME: | | DOB: | | AGE: | | GENDER:  □ Male □ Female |
| SS#: | ETHNICIY: | | PRIMARY LANGUAGE: | | | |
| RECEIVING CALWORKS? □ NO □ YES RECEIVING MEDI-CAL? □ NO □ YES  MC# (Required if the response is Yes):  □ HAS MEDICAL INSURANCE OTHER THAN MEDI-CAL, TYPE | | | | | | |
| □ PREGNANT: Expected Delivery Date: / / □ PARENTING | | | | | | |
| **REFERRAL INFORMATION** | | | | | | |
| **PROGRAMS INTERESTED IN: (Check all that apply):**  **CONTRA COSTA COUNTY**   * **FAMILY HEALTH CLINICS/ PRIMARY CARE** – Provides affordable basic primary health services in East & West Contra Costa County * **FAMILY HEALTH CLINICS/ BEHAVIORAL HEALTH** – Provides therapy for adults, teens and children in Contra Costa. Must have full scope Medi-Cal or CCHP * **FINANCIAL SERVICES** - Provides Financial education in our Richmond and Bay Point locations * **OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **ALAMEDA COUNTY**   * **MENTAL HEALTH SERVICES** – Provides counseling services for ages 0-21 in Alameda County. Must have full scope   Medi-Cal   * **FAMILY SUPPORT SERVICES** – Provides services & socialization groups to young parents up to the age of 25 and their children ages 0-5 * **FAMILY PARTNERSHIP PROGRAM** – Provides services & socialization groups to parents and their children on CalWorks * **EARLY HEAD START/ HEAD START** –Provides weekly home visits & socializations twice a month for pregnant   women & families with children 0-5 in Oakland   * **BRILLIANT BABIES** – Provides financial education for parents with children 0-1 while helping to opening a $500 college savings account in Oakland * **OTHER:** | | | | | | |
| **REASON FOR REFERRAL:** | | | | | | |
| **HOW DID YOU HEAR ABOUT BRIGHTER BEGINNINGS?:** | | | | | | |
| **RECEIVING ONE OR MORE BB SERVICES LISTED ABOVE?:** □ NO □ YES, please list: | | | | | | |
| **RECEIVING SERVICES FROM ANOTHER AGENCY?:** □ NO □ YES, Where and what type? | | | | | | |
| **REFERRAL SOURCE:**  Name & Title: Phone: Agency: Fax:  Address:  Would you like follow up information? □ Yes □ No  *Client Signature Date*  *Provider Signature (Please attach Authorization to Release Information Form, if possible) Date* | | | | | | |

**BB STAFF ONLY**:

Referral taken by: Date:

Referral assigned to: Date:

06/2022