



EXPANDED CRISIS SUPPORT (ECS) REFERRAL FORM

Date of Referral _____ Island: O'ahu Hawai'i Island

Referring Agency / Organization _____

Staff Name and Title _____

Phone _____ Email _____

Date of Crisis Mobile Outreach Encounter _____

Brief Description of the Crisis Encounter (include location and presenting concern)

Legal Guardian _____

Relationship to Youth _____

Phone _____ Email _____

Address _____

Youth's Name _____ DOB _____

Ethnicity _____ Preferred Pronoun(s) _____

Phone _____ Email _____

Address _____

Previous Services with CAMHD?

No Yes, Which Service? _____ When? _____

Is CAMHD Eligibility Pending? No Yes

Were Any Assessments Completed? No Yes (attach assessments)

Please email this completed form and any attachments to ECSreferral@halekipa.org