CONTRA COSTA BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

Vocational Services Referral

Serving West, Central, & East County

Mental Health Division
Vocational Services
1430 Willow Pass Road, Suite 230
Concord, CA 94520
Phone: 925-288-3950
Fax: 925-646-5518

Form may be returned if incomplete.

CLIENT INFORMATION Referral Date:_____

Last Name:_____

First:_____ Middle Initial:_____

Address:_____

City: _____ Zip:_____

Phone: _____

E-mail: _____

Date of Birth: _____

Social Security #: _____

Is the client receiving any of the following financial assistance?

SSI☐ SSDI☐ SDI☐ LTD☐ TANF☐ Don't Know☐

If so, how much? _____

REFERRAL SOURCE INFORMATION

Referring Person: _____

Referring Agency: _____

Address: _____

City: _____ Zip:_____

Phone:_____ Fax: _____

E-mail: _____

Case Manager: _____

Phone:_____

Drug Counselor/Therapist: _____

Phone:_____

Is client receiving services from Dept. of Rehab? ☐Yes ☐No

POTENTIAL EMPLOYMENT BARRIERS

☐ Punctuality ☐ Interactions with others ☐ Work tolerance

☐ Physical limitations ☐ Grooming ☐ Motivation to work

☐ Follows directions ☐ Cognitive limitations ☐ ESL

☐ Other – Please list:

MENTAL HEALTH DIAGNOSIS – DSM 5 DX/TITLE AND ICD10 CODE

DSM 5 Code: _____ (Primary) _____ (Narrative)

ICD10 code: _____

DSM 5 Code: _____ (Secondary) _____ (Narrative)

ICD10 code: _____

Other Information:

CLIENT'S CURRENT DAILY ACTIVITIES (CHECK ALL THAT APPLY & INCLUDE # OF HOURS AND DAYS PER WEEK DPW):

☐ Day Treatment	# of Hours	_____	DPW _____
☐ School / Training		_____	_____
☐ Volunteer Program		_____	_____
☐ Recovery Program		_____	_____
☐ Medications Only		_____	_____
☐ Other (List) _____		_____	_____
☐ Other (List) _____		_____	_____

ALCOHOL AND OTHER DRUG SERVICES INFORMATION

Explain client's history of substance abuse:

Entry Date: _____ Exit Date: _____

Time in recovery: _____

Please check: Misdemeanor conviction ☐ Felony conviction ☐

Specify:

ADDITIONAL CONTACTS

Conservator: _____ Phone: _____ Probation/ Parole Officer _____ Phone: _____

Payee: _____ Phone: _____ Board & Care Provider: _____ Phone: _____