



Believe In Big Change Referral Form

Referring Agency _____

Contact Name _____

Contact Info _____

***Please read the client criteria below before filling out this form and submitting**

- We review each applicant on a 'case by case' basis so please complete the entire form.

BIBC General Eligibility Requirements:

- Education of GED/HSE or higher
- Single Mothers with 2 children or less.
- Mothers that are not bringing their children are also welcomed.
- Children of ages 5-12
- Minimum of 3 months sobriety
- Mental health conditions that are currently being treated

Note: Core program is for 8 months and is a full-time program! Mothers are not required to work during this program, so full participation is expected. There is no charge for this program and housing, meals, and transportation is provided during the stay.

Reason for Referral:			
CLIENT INFORMATION		Referral Date:	
Last Name:		First Name:	
Home Address:		Phone#:	
City, State:		Zip:	Ethnicity:
D.O.B:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number:
MEDI-CAL #:	Issue Date:		Other Health Insurance:
Other programs involved? WrapAround <input type="checkbox"/>		DCFS <input type="checkbox"/>	CalWorks <input type="checkbox"/> Other:
Birthplace City:		State:	Country:
CLIENT GOALS:			



Family:

Personal:

Professional:

How many children do you have?

Please list the ages of each child.

Can you show proof of citizenship?

Do you have any felonies? If so, please explain and provide the years and the offense.

How many months of sobriety do you currently have?

What is the longest lengthy of sobriety you have had?

Are you currently being treated for a mental health condition? If so, then please explain.



Referral received by: _____

Date: _____

Appointment Scheduled for: _____

Date/Time: _____

Completed by: _____

Date: _____

BIBC INTAKE NOTES:
