

Whole Person Care Referral Form

Please email form to: DHS-WPC-Referrals@sonoma-county.org

*****Answer the section below to the best of your ability, DHS-BHD WPC staff will work with client to verify eligibility*****

Referral Date: _____ Client's Date of Birth: _____
Client's Full Name/AKA: _____ Client's Phone #: _____
Referring Agency: _____ Possible Client Location: _____
Referring Staff Person: _____ Referring Staff Phone #: _____
Referring Staff E-mail: _____

Mandatory Criteria:

1. Medi-Cal
 - Client has Medi-Cal or is eligible for enrollment in Medi-Cal
2. Mental Health Condition
 - Client has a moderate/complex or severe and persistent mental health condition
3. Homelessness or at-risk of homelessness
 - Client is homeless or at-risk of homelessness

A. Client meets all of 3 of the criteria above: Yes No

Additional Criteria:

4. Chronic physical health conditions
 - Client has one or more chronic physical health conditions
5. Substance use history
 - Client has experienced substance use history within the past 3 months
6. High utilization of medical/behavioral health services
 - Client has been to the Emergency Room 3 or more times in the past 12 months
 - Client has been admitted to the hospital 2 or more times in the past 12 months
 - Client has been to the Crisis Stabilization Unit 3 or more times in the past 12 months
 - Client has been admitted to a psychiatric hospital 2 or more times in the past 12 months
7. Criminal Justice involvement
 - Client has been involved with the criminal justice system (arrests, incarcerations, probation parole) within the past 12 months

B. Client meets at least 1 of the criteria above: Yes No

C. Client likely meets Whole Person Care criteria (Answered YES to A AND B): Yes No

D. Client Agrees to being Referred to Sonoma County Behavioral Health WPC: Yes No

Client Signature: _____ Date: _____

If any questions, please, call our main line at 707- 565-4811. Additional option to fax form to 707-565-4881.