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SACRAMENTO COUNTY

Department of Health Services
Division of Behavioral Health Services
Substance Use Prevention and Treatment Services

SUBMIT HERE

Phone: 916-875-1055

SUPTSOC@Saccounty.gov

SUD Universal Referral Form to BHS-SAC

Referral information **Date of referral:**

Name of referring party: _____ Phone #: _____

E-mail: _____ ☐ Other: _____

☐ Attorney/ DA office ☐ Correctional health ☐ EIFTC ** ☐ Mental health ☐ Prop 36
☐ CalWORKs/DHA ☐ CPS social worker ☐ Hospital ☐ Parole ☐ Public defender
☐ Collaborative courts ☐ DFTC ** ☐ Jail social worker ☐ Probation ☐ STARS **

Client information *(One form per client referred)*

Client name: (last) _____ (first) _____ Primary language: _____

☐ Male ☐ Female ☐ Other DOB: ____ / ____ / ____ Phone #: _____

Address: _____ City: _____ Zip Code: _____

History and recent events (check all that apply)

Substance use (check all that apply):

☐ Admitted drug use ☐ DUI ☐ Mother positive at birth ☐ Prior CPS case with drugs
☐ Drug arrests ☐ Failure(s) to drug test ☐ Paraphernalia in home ☐ Prior pos-tox births
☐ Drugs found in home ☐ Infant positive at birth ☐ Prenatal exposure ☐ Prior SUD Tx history

Drug(s) of choice related to qualifying events (check all that apply):

☐ Alcohol ☐ Ecstasy/Club drugs ☐ Marijuana ☐ Opiates
☐ Benzodiazepine ☐ Hallucinogens ☐ Methamphetamine ☐ Other:
☐ Cocaine/Crack ☐ Heroin ☐ Misuse of prescriptions _____

Criminal justice history (check all that apply): **Current incarceration:** ☐ **Main Jail** ☐ **RCCC**

☐ 290 Registrant ☐ CNO eligible ☐ Hold from another county ☐ Intoxicated in public
☐ 452 Arson registrant ☐ Drug possession ☐ Intent to sell ☐ Pending drug charges

Summary/Reason for referral: Specific details and dates of the above checked boxes, include AOD/SUD related history as well as treatment episodes, arrests, CPS, family, & domestic violence, and current drug test results including failure to test (s).

Date of last use: _____ Date of failure(s) to test: _____

Current drug use: ☐ Yes ☐ No Current AOD/SUD services: ☐ Yes ☐ No

Description of qualifying events and all previous AOD/SUD history: (Attach second page if needed)

** If DFTC/EIFTC/STARS are selected as referral source
Please submit referral to
intake@bridgesinc.net

☐ Referral submitted to intake@bridgesinc.net

Updated: September 2024