Dr. Patricia's Health Club

A Promising Approach to the Prevention and Treatment of Nutrition Related Health Conditions in Children and Adults

Enhanced Care Management Referral Form – YOUTH

Patient Information

Patient Name: _____

Date of Birth: _____ Age: _____

Sex: _____ Pronouns: _____

Address:_____

_____

Caregiver Name: _____

Caregiver Phone Number: _____

Phone Number: _____

Best Time to Call: _____

Email: _____

Language Spoken: _____

PCP Name: _____

PCP Phone Number: _____

☐ **Enrolled in a *CalOptima* Medi-Cal Managed Care Plan (requirement)**

Eligibility (must meet eligibility in one of the following categories)

Homelessness

□ Lacking nighttime residence / Living in Shelter / Transitional Housing / Exiting an Institution into Homelessness / Imminently Losing Housing in the next 30 Days / Fleeing DV, SA, Stalking, Other Life-Threatening Violence

OR

□ Couch Surfing / Living in Motels/Hotels / Shelter / Abandoned in a Hospital

At Risk for Avoidable Hospital or ED Utilization

□ 3 or more emergency room visits in the last 12 months that could have been avoidable.

OR

□ 2 or more unplanned and avoidable hospital and/or short-term skilled nursing facility stays in the last 12 months.

Serious Mental Health and/or SUD Needs

□ Meets eligibility for or participating in Specialty Mental Health Services (SMHS) delivered by a Mental Health Plan (MHP) or Drug Medi-Cal Organization Delivery System (DMC-ODS) or Drug Medi-Cal (DMC) Program.

Children and Youth Involved in Child Welfare (under 21 years old)

□ Currently receiving foster care in California.

OR

□ Under age 21 and received foster care in California or another state within the last 12 months.

OR

□ Under age 26 and aged out of foster care (having been in foster care on 18th birthday or later) in California or another state.

OR

□ Under 18 years old and eligible for and/or in California's Adoption Assistance Program.

OR

□ Under 18 years old and currently receiving or have received services from California's Family Maintenance program within the last 12 months.

Birth Equity

□ Pregnant or postpartum (up to 12 months from delivery).

AND

□ Are subject to racial and ethnic disparities as defined by California public health data on maternal mobility and mortality (e.g. Black, Native American, Pacific Islander, Hispanic).

**** Please fax referrals to (714) 549–6449 ****