

Alameda County Behavioral Health Care Services  
**ACCESS Program (Child/Young Adult Services)**

Fax#: (510) 346-1083; Phone#: (800) 491-9099

**Facsimile Transmittal Sheet**

**Re: Presumptive Transfer Child/Young Adult Placed in Alameda Co. (AB1299)**

Date: \_\_\_\_\_ Total # of Pages (including cover): \_\_\_\_\_

To: \_\_\_\_\_ in Placing Agency from \_\_\_\_\_ County

Fax#: \_\_\_\_\_ Phone#: \_\_\_\_\_

Sender: Alameda County Behavioral Health Care Services, ACCESS Unit (fax/phone above)

**On \_\_\_\_\_ we received your referral request for Specialty Mental Health Services (MHS) for \_\_\_\_\_, a foster child/young adult placed in Alameda Co. via Presumptive Transfer.**

**To process your request or begin services, we need the following checked items:**

\_\_\_\_ Child Welfare Worker (CWW) name: \_\_\_\_\_

CWW phone: \_\_\_\_\_ CWW fax: \_\_\_\_\_

\_\_\_\_ Probation Officer contact info, if applicable: \_\_\_\_\_

\_\_\_\_ Child's name (include aliases): \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN or CIN: \_\_\_\_\_ Language needs: \_\_\_\_\_

\_\_\_\_ Placement/caregiver's name, address & phone: \_\_\_\_\_

\_\_\_\_ Current JV220, if client is currently prescribed psychotropic medication

\_\_\_\_ Signed Consent to Treat OR contact info for who can sign: \_\_\_\_\_

\_\_\_\_ Signed Release of Information OR contact info for who can sign: \_\_\_\_\_

\_\_\_\_ **Written notification of Presumptive Transfer (fax to 510-346-1083 or email 'Secure' to Adesk@acgov.org)**

**OR**

**Per AB 1299, we made the following referral:** On \_\_\_\_\_ to provider(s) \_\_\_\_\_

Provider #1 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Provider #2 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**If applicable, please send this client's most recent Mental Health Assessment to the provider.**

If you have any questions, please contact ACCESS at 1-800-491-9099.

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