Date Received:
Staff Initials:

Bonita House, Inc. – Dual Diagnosis Residential Treatment Program

REFERRALFORM

EMAIL completedreferralformsto:1410referrals@bonitahouse.org

POTENTIAL CLIENT INFORMATION

DATE of REFERRAL: _____

Name of potential client: _____ **Current Living Situation**:_____

Address: _____ **City**: _____ **Zip**: _____

Phone: _____ **DOB**: _____ **Age:** _____ **SSN:** _____ **Gender:** _____

Veteran: _____ **Place of Birth** _____ **Mother's Maiden Name:** _____

REFERRAL SOURCE INFORMATION

Name and Title of Referring Person: _____

All potential clients must be followed by a level 1 outpatient service team or FSP

OUTPATIENT TEAM INFORATION (*If different then the referral)

Outpatient Team: _____ **Primary Contact:** _____ **Phone & Email:** _____

Referring Agency: _____ **Phone:**_____

Potential Client's Psychiatrist: _____ Phone:_____

Conservator/Legal Guardian, *if applicable*:_____ Phone: _____

PAYMENT INFORMATION All applicants must have **Alameda County Medi-Cal** Yes ☐ No ☐

Medi-Cal ID#: _____ **Date Issued:** _____ **PSP#:**_____

ALL APPLICANTS MUST BE ABLE TO PAY BOARD AND CARE. SSI RATE $ 1420.07 PER MONTH

What is the source of income? **SSI** ☐ **SSDI** ☐ **Private** ☐ **Amount** $ _____

Payee Name, *if applicable*: _____ **Phone:** _____

ICD-10 DIAGNOSES & CODES ***are required*** *for referral review;* ***MUST HAVE*** *a* ***PRIMARY*** *Psychiatric Disorder* ***AND*** *a* ***SECONDARY*** *SubstanceUseDisorder):*

Diagnoses established by (CLINICIAN / PSYCHIATRIST): _____

ICD-10 DIAGNOSES / CODES for Psychiatric Disorder(s): _____

ICD-10 DIAGNOSES / CODES for Substance Use Disorder(s): _____

Mental Health Symptom(s): _____

Current or past Substance Abuse / Dependence: _____

History of Violence: _____

History of AWOL: _____

Does this potential client have a pending criminal case(s)?	Yes ☐	No ☐
Is this potential client being probation/court mandated to attend treatment?	Yes ☐	No ☐
Does this potential client have a transportation support person for outside appointments?	Yes ☐	No ☐
Does this potential client take a PRN or injectable medication?	Yes ☐	No ☐

**must be submitted prior to admission to BHI:*

The following is required prior to admission:

Psychosocial Assessment	Completed ☐	Outstanding ☐
Physician's Report (medical clearance) –	Completed ☐	Outstanding ☐
TB results –completed 6 months or less prior to admit date	Completed ☐	Outstanding ☐
Medication Order (Rx regimen by MD – toincludeallover-the-counter medications, supplements, herbal remedies, etc.)	Completed ☐	Outstanding ☐
30-day supply of all medications upon admit	Completed ☐	Outstanding ☐
Discharge Summary (if in-patient)	Completed ☐	Outstanding ☐
30 Days of Progress Notes	Completed ☐	Outstanding ☐
Nurse to Nurse Contact	Completed ☐	Outstanding ☐

Bonita House, Inc. – Dual Diagnosis Residential Treatment Program
REFERRAL FORM (page 3)
ADMISSIONS CRITERIA

Potential clients must:

- **Be diagnosed with both a severe and persistent psychiatric disorder AND substance use disorder**
- **Be between the ages of 18 and 59**
- **Be ambulatory and capable of basic self-care**
- **Be willing to commit to recovery and participate in an intensive, structured treatment program**
- **Be clean and sober upon admission (i.e., if use occurs just before admission and an individual is NOT in need of medical detox, they are welcomed!**
- **Be able to pay the room & board fee determined by income**
- **Not be a current danger to self or others**

EXCLUSION CRITERIA

As a licensed Social Rehabilitation Facility, BonitaHouse, Inc. (BHI)Residential Treatment Program (BHRTP) must comply with the acceptance and retention limitations in the California Code of Regulation, Title 22, Division 6, Chapter 6, and Section 85068.4 set forth by California Community Care Licensing (CCL). This section prohibits BHI from serving the following:

- **Persons with active communicable tuberculosis or diseases**
- **Persons who require inpatient care in a medical health facility**
- **Persons who require a higher level of care and supervision than is provided by the facility**
- **Any person whose primary need is acute psychiatric hospitalization due to a mental disorder**

Itis BHRTP's policy **NOT** to serve individuals with the following characteristics:

- **Registered or convicted sexual offenders, murderers, or arsonists**
- **Those clients known to have *pending* criminal charges of a substantial nature involving violence toward others**
- **A history of recent, habitual, serious criminal behavior**
- **Currently assessed as at risk of harm to self-and/or others**
- **A need for prolonged or extensive nursing care**
- **Currently intoxicated or in need of medically supervised detoxification**

Thank you for your interest in Bonita House, Inc.'s Dual Diagnosis Residential Treatment Program. We look forward to serving you!