



EXPANDED CRISIS SUPPORT (ECS) REFERRAL FORM

Date of Referral _____ Island: ☐ O'ahu ☐ Hawai'i Island

Referring Agency / Organization _____

Staff Name and Title _____

Phone _____ Email _____

Date of Crisis Mobile Outreach Encounter (if applicable) _____

Brief Description of the Crisis Encounter (include location and presenting concern)

Legal Guardian _____

Relationship to Youth _____

Phone _____ Email _____

Address _____

Youth's Name _____ DOB _____

Ethnicity _____ Preferred Pronoun(s) _____

Phone _____ Email _____

Address _____

Previous Services with CAMHD?

☐ No ☐ Unknown

☐ Yes, Which Service? _____ When? _____

Is CAMHD Eligibility Pending? ☐ No ☐ Yes ☐ Unknown

Were Any Assessments Completed? ☐ No ☐ Yes (attach assessments)

Please email this completed form and any attachments to ECSreferral@halekipa.org