

**SENECA FAMILY OF AGENCIES- Kinship Center Mobile Response Team (MRT)**

**MRT REFERRAL INFORMATION:**

**MRT Eligibility Requirements:**

- Client is 0 – 17 years old/ 18 – 21 years old (if they are connected to TAY, have an identified support person for transfer of care or open to getting linked to long term TAY services).
- Client lives in Monterey County
- They have Medi-Cal Insurance (NOTE: If a client has out of county Med-Cal, a Service Authorization Request must be submitted by MRT HIS \*This should not interrupt or delay crisis services to the family/ client).
- They have no insurance coverage at all

**A child is NOT eligible if:**

- They reside outside of Monterey County (however, if a client goes to school in Monterey County- we can serve them at school)

**MRT Referral Information:**

Date/ Time of Referral: \_\_\_\_\_

Legal name of Client: \_\_\_\_\_

Client DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Medi-Cal #: \_\_\_\_\_

Client Language \_\_\_\_\_ Caregiver Language: \_\_\_\_\_

Caregiver Name, Address, Phone Number: \_\_\_\_\_

Caregiver Relationship to client: \_\_\_\_\_

Who is legal guardian (who will sign consents?) \_\_\_\_\_

CWW Name/ Contact Information (**phone and fax**), if applicable: \_\_\_\_\_

Referrer's Name, Role, and Contact Information: \_\_\_\_\_

Does the client have any additional mental health providers? Please include name, role, phone numbers?\_

Reason for referral- Risk factors and needs:

**Referrals can be made directly to the MRT Support Line 24/7, if not a crisis referral can also be completed by fax or email.**

**MRT Support Line: 831-687-4379**

Please fax referrals to **831-920-0066** or email for to **kinshipmrtreferrals@senecacenter.org**