

WELL(NESS)ESSITY

MENTAL HEALTH WELLNESS
Prevention AND Early Intervention-
Outreach & Engagement



Well(ness)essity is funded under the Mental Health Services Act, Proposition 63. Prevention and Early Intervention - Outreach and Engagement is dedicated to providing culturally competent and creative activities that best serve the diverse communities of Orange County.

Through partnerships in the community, Well(ness)essity focuses on motivating participants and promoting knowledge and skills about mental health wellness. Participants are encouraged to identify areas of strengths and gain positive relationships in their lives.

Services offered in North and South Orange County include:

- Educational and life skills workshops
- Support groups
- Referrals and linkages to resources
- Case management services
- Short-term individual/group counseling

For more information, please contact Outreach & Engagement Staff.

OCAPICA

Orange County Asian and Pacific Islander Community Alliance
12912 Brookhurst Street, Ste. 410, Garden Grove, CA 92840

Toll Free: (844) 530-0240

Main Office: (714) 636-9095

Fax: (714) 636-9399

www.ocapica.org



ocapica



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Well(ness)essity: Prevention & Early Intervention – Outreach & Engagement Program
Referral Form

Please mail or fax this form to:

OCAPICA | 12912 Brookhurst Street, Suite 400, Garden Grove, CA 92840 | Ph: 844-530-0240/ 714-636-9095 | Fax: 714-636-9399

CONFIDENTIAL INFORMATION

Referring Person/Title:	Agency/Dept:	Email:
Phone:	Fax:	Date:

PARTICIPANT INFORMATION

Name:	Gender:	Sex:
Address:	Phone:	DOB: Age:
School (if applicable):	Ethnicity:	Language:

PARENT/CAREGIVER OR EMERGENCY CONTACT INFORMATION

Name:	Relationship:
Address:	Phone: Language:

REASONS FOR REFERRAL

- Yes No Does this case need a bilingual worker? If yes, specify language:
- Yes No Does the Outreach & Engagement staff need to talk with referring person prior to intake?
- Yes No Has Participant been notified that an Outreach & Engagement staff will contact him/her?
- Yes No OK to leave voice messages?
- Yes No OK to leave text messages?

Please write availability for intake appointment: _____

SERVICE AGREEMENT AND AUTHORIZATION TO RELEASE INFORMATION

The referring party has explained to me the purpose for this referral and I agree to have a copy of this referral faxed or to take a copy of the referral to OCAPICA. I agree to attend any scheduled appointments with the Program.

I authorize the release of information between _____(referring agency) and OCAPICA for the period this service agreement remains in effect. This information will pertain to the reasons for referral and will be used for assessment and intake of the participant(s) to be served. *This referral was explained to me in my primary language.*

Participant Signature	Date	Referring Person Signature	Date
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For Office Use Only

Referral Received By _____	Date _____
Assigned Intake Staff _____	Date _____