



T-MHA Programs Referral/Request for Family Services Program Follow-Up

Date: _____ Time: _____

Family Member's Name: _____

Contact Phone Number: _____

Loved One is Under 18 Years of Age (Family Support Specialist-Youth Services)

- o Melanie Davenport, North County: 805-458-2596. Ana O'Sullivan, SLO and North Coast: 805-503-0009. South County, Mayra Valencia: 805-458-6388.

Loved One is Over 18 Years of Age (Family Support Specialist-Adult-SLO County)

- o Fernando Vasquez 805-540-6574, Vivian Soul 805-540-6572 or Shawn Ison 805-540-6571

Loved One is Over OR Under 18 Years of Age, SB Staff serve all ages (Family Support Specialist Referral-Santa Barbara County)

- o Maria Perez, Santa Maria: 805-441-3325, Zandra Alfaro-Olea, Lompoc (805) 458-5487

General concerns or questions today:

Name of Staff Taking Information: _____

Referring Program: _____

Did you give the family contact information for Family Services Staff, forward to staff voicemail or make a referral to the standing Tuesday Support Group? _____

Referred to Staff Member/Staff Voicemail: _____

Referred to Family Support Group

Any additional/helpful information to share regarding family:

When completed, please email to sison@t-mha.org, Shawn Ison, Family Services Program Manager. If you have further questions feel free to call Shawn Ison (805) 540-6571