



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

Date: _____ Time: _____

Family Member's Name: _____

Contact Phone Number: _____

Loved One's Name: _____

Over 18 Under 18

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

- Gwen McNamara, North County: 805-458-2596
- Ana O'Sullivan, SLO and North Coast: 805-503-0009

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

- Vivian Soul 805-540-6572

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

- Maria Perez, Santa Maria: 805-441-3325
- Jazmin Guerra, Lompoc (805) 458-5487

General concerns or questions today:

Name of Staff Making Referral: _____

Program or Agency Making Referral: _____

Please submit 815/Release of Information with this Referral if you would like follow up information

Did you give the family contact information for Family Services Staff, or forward to staff voicemail? _____

Referred to Staff Member/Staff Voicemail: _____

Any additional/helpful information to share regarding family:

When completed, please email to evasquez@t-mha.org or Efax 805-221-6213, Esme Vasquez, Family Services Assistant Program Manager. If you have further questions feel free to call Esme Vasquez(805) 540-6571