



San Mateo County Therapeutic Behavior Services_TBS

TBS ASSESSMENT AUTHORIZATION

The provider named below is requested to conduct an initial assessment for Therapeutic Behavior Services (TBS) by San Mateo County BHRS. The client named has been determined to be a certified member of the class eligible for TBS at the time of referral. A TBS assessment and treatment plan will be submitted to and approved by San Mateo County Behavioral Health & Recovery Services. If unable to complete the assessment within 30 days, please contact the San Mateo County TBS Coordinator.

Client Name: _____

DOB: _____

Mental Health Number: _____

Date of Request:

TBS Provider: _____

TBS Provider Number: _____

Start Date of TBS Assessment Authorization: _____

End Date of TBS Assessment Authorization: _____

Documents Submitted with Assessment Authorization:

	Referral form
	Initial mental health assessment
	Current client care plan with TBS included
	Other, please specify: _____

 SMC BHRS Staff Signature

 Date

TBS Assessment Authorization (02/18/2021) <http://www.smchealth.org/bhrs/contracts>

SMC TBS email: HS_BHRS_Call_Center_TBS_Referrals@smcgov.org

CONFIDENTIAL PATIENT INFORMATION: "See California Welfare and Institutions Code Section 5328."