



Behavioral Health & Recovery Services
 Substance Abuse Disorder Services
 Prevention Unit &
 Recovery Assistance for Teens
 1275 B Street, Merced, CA 95341
 Ph: (209) 381- 6880
 Fax: (209) 724- 4047

Substance Use Services Request

* All Service Requests should be submitted electronically to Stacy.Crane@countyofmerced.com

In situations when the school is aware of current substance use/suspects ongoing use and is seeking assistance for individual students, please submit RAFT referral and ROI to BHRS for services instead of this form.

Requested By

Name: _____ Agency/School: _____

Contact Phone Number: _____ Contact Email: _____

Please take a moment to consider the needs mentioned below and review the services we offer for those needs. Select the need that is most pressing at this time. Should you have more than one need, please fill out an additional request form for each.

Description of Need(s):

- Parent/ Teacher interest in signs and symptoms of drug use
- Classroom of students unaware of risks and consequences of drug use
- School is concerned with small group of students who have favorable attitudes toward drug use and may be using

Description of Service(s):

- Informational workshop for parents/teachers
- Informational based workshop for students
- Educational groups based in motivational counseling to change attitudes and behaviors

Please summarize the reason for your request:

Note: We will work with each school to determine the best way to meet your needs. Once your request is received the appropriate staff will contact the requesting party to coordinate service delivery. Please allow one week for processing your request.

For SUD Office Use

Unit Assigned: _____

Staff Assigned: _____

Date Scheduled: _____

Any modifications: _____

Program Manager: _____

Date authorized: _____