



State of Hawaii  
Department of Health  
Child & Adolescent Mental Health Division  
3627 Kilauea Avenue, Room 101  
Honolulu, Hawaii 96816  
(808) 733-9333

## Family Application for CAMHD Services Instructions

**Families:** Please complete as much of the Family Application for CAMHD Services form as you can. In addition, please make sure that you have read through and signed the consent forms. Once you have completed the forms, please send them in to the Family Guidance Center nearest to you. If you run into trouble filling out the form and need assistance, feel free to call your local Family Guidance Center for help.

**Referring Agencies:** Please complete the last two sections, Agency Contact Information and Authorization for Use or Disclosure of Protected Health Information.

**Department of Education:** Please use this form for Medicaid referrals. For ES/IDEA referrals, please use the Department of Education ES/IDEA Referral packet.

### CAMHD Family Guidance Centers

#### Hawaii

**Hawaii FGC - Hilo**  
88 Kanoelehua Ave, Suite A-204  
Hilo, Hawaii 96720  
Phone: (808) 933-0610  
Fax: (808) 933-0558

**Hawaii FGC - Kona**  
81-980 Halekii Street, Room 101  
Kealahou, Hawaii 96750  
Phone: (808) 322-1534  
Fax: (808) 322-1547

**Hawaii FGC - Waimea**  
65-1230 Mamalahoa Highway,  
Suite A-11  
Kamuela, Hawaii 96743  
Phone: (808) 887-8100  
Fax: (808) 887-8113

#### Kauai

**Kauai FGC**  
3-3204 Kuhio Highway, Room 104  
Lihue, Hawaii 96766  
Phone: (808) 274-3883  
Fax: (808) 274-3889

#### Maui

**Maui FGC - Wailuku**  
270 Waiehu Beach Road, Suite 213  
Wailuku, Hawaii 96793  
Phone: (808) 243-1252  
Fax: (808) 243-1254

**Maui FGC - Lahaina**  
1830 Honoapiilani Highway  
Lahaina, Hawaii 96761  
Phone: (808) 662-4045  
Fax: (808) 661-5450

#### Lanai

**Maui FGC - Lanai**  
c/o Lahaina Office  
1830 Honoapiilani Hwy.  
Lahaina, Hawaii 96761  
Phone: (808) 662-4045  
Fax: (808) 661-5450

#### Molokai

**Maui FGC - Molokai**  
65 Makaena Place  
Kaunakakai, Hawaii 96748  
Phone: (808) 553-7878  
Fax: (808) 553-7874

#### Oahu

**Central Oahu FGC - Pearl City**  
860 Fourth Street, 2nd Floor  
Pearl City, Hawaii 96782  
Phone: (808) 453-5900  
Fax: (808) 453-5940

**Central Oahu FGC - Kaneohe**  
45-691 Keaahala Road  
Kaneohe, Hawaii 96744  
Phone: (808) 233-3770  
Fax: (808) 233-5659

#### Honolulu FGC

3627 Kilauea Avenue, Room 401  
Honolulu, Hawaii 96816  
Phone: (808) 733-9393  
Fax: (808) 733-9377

#### Leeward Oahu FGC

601 Kamokila Boulevard,  
Room 355  
Kapolei, Hawaii 96707  
Phone: (808) 692-7700  
Fax: (808) 692-7712



## Family Application for CAMHD Services

### Youth Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: Male Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Primary MedQUEST Insurance Plan: AlohaCare OHANA HMSA UHA Kaiser  
None Other: \_\_\_\_\_ Insurance ID: \_\_\_\_\_

Secondary MedQUEST Insurance Plan: AlohaCare OHANA HMSA UHA Kaiser  
None Other: \_\_\_\_\_ Insurance ID: \_\_\_\_\_

SSN: \_\_\_\_\_ Primary Care Provider: \_\_\_\_\_

Who does your child live with? Parents Relatives Foster Family Other: \_\_\_\_\_

How did you hear about our services? DOH Website School Primary Care Provider Brochure  
Child Welfare Service Therapist Probation Officer  
Other: \_\_\_\_\_

Youth's Preferred Language: \_\_\_\_\_

### Background Questions

Has your child been evaluated for emotional or behavioral reasons before?

Yes No I don't know

Why is your family seeking mental health services?

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**Agency Contact Information**

*To be completed by referring agency only. If there is none, leave blank.*

*If a state agency is making this referral the agency must complete this section, and the "Authorization for Use or Disclosure of Protected Health Information (PHI)" at the end of this packet as appropriate.*

Agency: CWS OYS DHS PO DOE Other: \_\_\_\_\_

Referral Program Type: MedQUEST/SEBD DOE/IDEA OYS/MOA PK Only

Form completed by: Agency Contact Guardian Youth Case Worker

Other: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Youth: Foster Parent CWS Social Worker DOE/SBBH

Parole Officer Probation Officer OYS Administrator

Other: \_\_\_\_\_

Title: \_\_\_\_\_

HYCF Intake Date: \_\_\_\_\_ HYCF Projected End Date: \_\_\_\_\_

Parole Start Date: \_\_\_\_\_ Parole Projected End Date: \_\_\_\_\_

Probation Start Date: \_\_\_\_\_ Probation Projected End Date: \_\_\_\_\_

CWS Status: \_\_\_\_\_

CWS Start Date: \_\_\_\_\_ Projected CWS End Date: \_\_\_\_\_

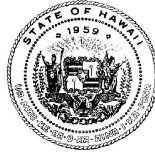
I have the legal right to sign consents for this youth: Yes No

Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of social, emotional, and behavioral health needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Child and Adolescent Mental Health Division (CAMHD) Authorization to Jointly Disclose Protected Health Information (PHI)

<b>Individual Whose Protected Health Information is Being Disclosed</b>	
First Name: _____	Last Name: _____
Address: _____ Birth Date: _____	
FROM: Child and Adolescent Mental Health Division 3627 Kilauea Avenue, Room 101, Honolulu HI 96816	TO: All Parties Identified Below
FROM: All Parties Identified Below	TO: Child and Adolescent Mental Health Division 3627 Kilauea Avenue, Room 101, Honolulu HI 96816
<i>Please check or initial all agencies your information may be disclosed with.</i>	
<b>Department of Health:</b> Developmental Disabilities Division Early Intervention Section Alcohol and Drug Abuse Division <b>Juvenile Client Services Branch:</b> Oahu-First Circuit Maui-Second Circuit Hawaii-Third Circuit Kauai-Fifth Circuit <b>University of Hawaii:</b> Psychology (First Episode Psychosis/Eval/CCBT) Psychiatry (Telepsych/Eval)  Other: _____	<b>Department of Education:</b> Honolulu District Central District Leeward District Windward District Hawaii District Kauai District Maui District <b>Department of Human Services:</b> Child Welfare Services Branch Office of Youth Services Med-QUEST Division  Other: _____
	<b>Providers:</b> Alaka'i Na Keiki Aloha House Benchmark Behavioral Health Services Bobby Benson Center (BBC) Care Hawaii, Inc Catholic Charities Hawaii (CCH) Child & Family Service Hale Kipa, Inc. Hale 'Opio Kauai, Inc. Hawaii Behavioral Health (HBH) Hina Mauka Maui Youth & Family Services Parents and Children Together (PACT) Queen's Medical Center (QMC) Salvation Army Sutter Health Pacific dba Kahi Mohala Behavioral Hospital Waianae Coast Comp. Mental Health Center - Hale Na'au Pono
I authorize that the following Protected Health Information be disclosed: <b>Any and all information relevant to mental health care coordination, treatment planning, access to resources, assessments and supports. This includes but is not limited to:</b>	
<ul style="list-style-type: none"> <li>• Clinical Management Plan; Coordinated Service Plans; Mental Health related assessments and evaluations</li> <li>• Provider mental health treatment plans and progress reports</li> <li>• Court hearings, reports and orders</li> <li>• Individualized Educational Plans and Department of Education (DOE) health-related documents</li> <li>• Functional Behavioral Assessments and Behavioral Support Plans</li> <li>• Mental Health-related medical records</li> <li>• Department of Human Services (DHS)</li> <li>• Type of Records: _____</li> <li>• Other: _____</li> </ul>	
Initial here if your authorization includes the disclosure of Substance Abuse Treatment information: _____ (initials)	
The Protected Health Information is being disclosed for the following Purpose: <b>To help identify the client's needs and strengths, assist in developing treatment recommendations, assist in screening of eligibility for services and to provide care coordination of intensive mental health services.</b>	
This authorization will be in force and effect until: <b>Six (6) Months after Termination of Services.</b> At that time, this authorization to disclose this protected health information expires.	
I understand that I have the <b>right to revoke this authorization, in writing</b> , at any time by sending such written notification to the Department of Health. I understand that a revocation is not effective to the extent that the Department has relied on the disclosure of the protected health information or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.	
I understand that information disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law. However, I understand that information related to education (FERPA 34, CFR Part 99), alcohol or drug treatment services (42 CFR Part 2) may not be disclosed or re-disclosed without my authorization.	
The Entity or Person(s) receiving this information will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested disclosure except (1) if my treatment is related to research, or (2) health care services are provided to me solely for the purpose of creating protected health information for disclosure to a third party.	
The disclosure requested under this authorization will result in direct or indirect remuneration to the Department from a Third Party.	
<b>Individual or Personal Representative Signature:</b> _____	<b>Date:</b> _____
<b>Print Name of Individual or Personal Representative:</b> _____	<b>Description of Personal Representative's Authority:</b> _____

**Names and Addresses**

**Department of Health:**

Developmental Disabilities Division  
1250 Punchbowl Street, Suite 423, Honolulu HI 96813  
Early Intervention Section  
1350 South King Street Suite 200 Honolulu, HI 96814  
Alcohol and Drug Abuse Division  
601 Kamokila Boulevard, Suite 360, Kapolei HI 96707

**Juvenile Client Services Branch, Judiciary:**

Oahu – First Circuit  
4675 Kapolei Parkway, Kapolei HI 96707-3272  
Maui – Second Circuit  
2145 Main Street, Wailuku HI 96793-1679  
Hawaii – Third Circuit  
777 Kilauea Avenue, Hilo HI 96720-4212  
Kauai – Fifth Circuit  
3970 Kaana Street, Lihue HI 96766

**University of Hawaii:**

Department of Psychology  
The Center for Cognitive Behavior Therapy (CCBT)  
2444 Dole Street, Krauss Hall 101, Honolulu, HI 96822  
Department of Psychiatry  
1356 Lusitana Street, 4<sup>th</sup> Floor, Honolulu, HI 96813

**Department of Education:**

Honolulu District  
4967 Kilauea Avenue, Honolulu HI 96816  
Central District  
1122 Mapunapuna Street, Suite 200, Honolulu HI 96819  
Leeward District  
601 Kamokila Boulevard, Suite 418, Kapolei, HI 96707  
Windward District  
46-169 Kamehameha Highway, Kaneohe HI 96744  
Hawaii District  
75 Aupuni St. Room 203, Hilo HI 96720-4253  
Kauai District  
3060 Eiwa Street, Suite 305, Lihue, HI 96766  
Maui District  
54 High St, 4<sup>th</sup> Floor, Wailuku HI 96793

**Department of Human Services:**

Child Welfare Services Branch  
420 Waiakamilo Road, Honolulu HI 96817  
Office of Youth Services  
42-470 Kalaniana'ole Highway, Kailua HI 96734  
Med-QUEST Division  
601 Kamokila Blvd, Room 518, Kapolei, HI 96707

**Providers:**

Alaka'i Na Keiki  
1100 Alakea St, Honolulu, HI 96813  
Aloha House  
200 Ike Dr, Makawao, HI 96768  
Benchmark Behavioral Health Services  
2501 Waimano Home Rd, Pearl City, HI 96782  
Bobby Benson Center (BBC)  
56-660 Kamehameha Highway Kahuku, HI 96731  
CARE Hawaii, Inc.  
875 Waimanu St, Honolulu, HI 96813  
Catholic Charities Hawaii (CCH)  
1822 Keeaumoku Street Honolulu, HI 96822  
Child & Family Service  
91-1841 Fort Weaver Road Ewa Beach, HI 96706  
Hale Kipa Inc.  
615 Pi'ikoi Street, Suite 203 Honolulu, HI 96814  
Hale 'Opio Kauai, Inc.  
2959 Umi St #300, Lihue, HI 96766  
Hawaii Behavioral Health (HBH)  
1330 Ala Moana Boulevard Suite 1, Honolulu, HI 96814  
Hina Mauka  
45-845 Po'okela Street, Kaneohe, HI 96744  
Maui Youth & Family Services  
200 Ike Dr, Makawao, HI 96768  
Parents and Children Together (PACT)  
1485 Linapuni Street, Suite 105 Honolulu, HI 96819  
Queen's Medical Center (QMC)  
1301 Punchbowl Street Honolulu, HI 96813  
Salvation Army  
1786 Kinoole Street, Hilo, HI 96720  
Sutter Health Pacific dba Kahi Mohala Behavioral Hospital  
91-2301 Fort Weaver Road Ewa Beach, HI 96706  
Waianae Coast Comprehensive Health Center-Hale Na'au Pono  
86-226 Farrington Highway Waianae, HI 96792

Other: \_\_\_\_\_  
Other: \_\_\_\_\_