Print & Mail Instructions
Application for CAMHD Services

Instructions

▪ Fill in as much of the application as you can.
▪ You only have to complete the “Authorization to Jointly Disclose Protected Health Information” (pages 3 & 4) if there are other people you would like us to get information from (like a doctor or therapist).
▪ Mail the application and attachments (copies only, please) to the Family Guidance Center that serves the area where youth’s parent / caregiver / guardian lives.
▪ If you need help or have questions, call a Family Guidance Center – our friendly staff will be happy to assist you!

Family Guidance Center Addresses

**HAWAII**

**East Hawaii Family Guidance Center**
serves Laupahoehoe to Pahoa to Naalehu
88 Kanoelehua Ave. Suite B-107
Hilo, HI 96720
Phone: (808) 933-0610

**West Hawaii Family Guidance Center**
serves Paauilo to Hawi to Ocean View
65-1230 Mamalahoa Hwy. Suite A-1
Kamuela, HI 96743
Phone: (808) 887-8100

**KAUAI**

**Kauai Family Guidance Center**
3059 Umi St. Room A-014
Lihue, HI 96766
Phone: (808) 274-3883

**MAUI, MOLOKAI & LANAI**

**Maui Family Guidance Center**
270 Waiehu Beach Rd. Suite 213
Wailuku, HI 96793
Phone: (808) 243-1252

**OAHU**

**Central Oahu Family Guidance Center – Kaneohe Office**
serves Waimanalo to Sunset Beach
45-691 Keaahala Rd. Building E-141
Kaneohe, HI 96744
Phone: (808) 233-3770

**Central Oahu Family Guidance Center – Pearl City Office**
serves Fort Shafter to Waialua excluding Pearl City
860 4th St. Room 220
Pearl City, HI 96782
Phone: (808) 453-5900

**Honolulu Family Guidance Center**
serves Hawaii Kai to Kalihi
3627 Kilauea Ave. Room 401
Honolulu, HI 96816
Phone: (808) 733-9393

**Leeward Oahu Family Guidance Center**
serves Pearl City to Waianae
601 Kamokila Blvd. Suite 355
Kapolei, HI 96707
Phone: (808) 692-7700
## Application for CAMHD Services

### Youth Information

<table>
<thead>
<tr>
<th>Legal Name (First Last)</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
<th>Gender</th>
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Preferred Name

<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>Preferred Language</th>
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Who does youth live with?

- ☐ Parents
- ☐ Relatives
- ☐ Foster Family
- ☐ Other: __________________________________________

Primary Insurance Plan

- ☐ Aloha Care
- ☐ HMSA
- ☐ Kaiser
- ☐ OOHANA
- ☐ OUHA
- ☐ Other: __________________________________________

Secondary Insurance Plan

- ☐ Aloha Care
- ☐ HMSA
- ☐ Kaiser
- ☐ OOHANA
- ☐ OUHA
- ☐ Other: __________________________________________

### Background Questions

Has youth been evaluated for emotional or behavioral reasons before?

- ☐ Yes
- ☐ No
- ☐ I don’t know

Why are you seeking mental health services?

### How did you hear about CAMHD services?

- ☐ Brochure
- ☐ Child Welfare Service
- ☐ DOH Website
- ☐ Primary Care Provider
- ☐ Probation Officer
- ☐ School
- ☐ Therapist
- ☐ Other: _________________________________

### Primary Legal Guardian Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Preferred Language</th>
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<thead>
<tr>
<th>Primary Phone Number</th>
<th>Secondary Phone Number</th>
<th>Email</th>
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</table>

Mailing Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Home Address

- ☐ Same as Mailing Address

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Relationship to youth:

- ☐ Mother
- ☐ Father
- ☐ Grandparent
- ☐ Aunt/Uncle
- ☐ Foster Parent
- ☐ CWS Social Worker
- ☐ Other: __________________

If not the biological or adoptive parent, please provide guardianship or power of attorney documentation.

Does this individual have the legal right to sign consents for this youth?

- ☐ Yes
- ☐ No

### Additional Guardian Information (complete only if there is more than one guardian or caregiver)

- ☐ No Additional Guardian

<table>
<thead>
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- ☐ Foster Parent
- ☐ CWS Social Worker
- ☐ Other: __________________

If not the biological or adoptive parent, please provide guardianship or power of attorney documentation.

Does this individual have the legal right to sign consents for this youth?

- ☐ Yes
- ☐ No

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Youth: 1
Application for CAMHD Services

Youth:

(06/24/2022)

Referring Agency Information (completed by referring agency)

Agency: O CWS  O DHS  O DOE  O PO  O Other: ________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone Number</th>
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<tr>
<th>Relationship to youth:</th>
<th>CWS Social Worker</th>
<th>DOE/SBBH</th>
<th>Foster Parent</th>
<th>Probation Officer</th>
<th>Other: ________________________________</th>
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Do you have the legal right to sign consents for this youth?  O Yes  O No

Do you have the legal right to send and receive information about this youth (signed authorization on file)?  O Yes  O No

Reason for application:

Youth’s social, emotional, and behavioral health needs:

CWS / HYCF / Probation / Parole Details

<table>
<thead>
<tr>
<th>CWS Start Date</th>
<th>Projected CWS End Date</th>
<th>CWS Status</th>
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<tr>
<th>HYCF Start Date</th>
<th>Projected HYCF End Date</th>
<th>Probation Start Date</th>
<th>Projected Probation End Date</th>
<th>Parole Start Date</th>
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DOE / SBBH Details

Placement: O Regular Ed  O Resource  O FSC  O Other: ________________________________

Has youth’s IEP team determined youth is in need of intensive mental health services in order to benefit from their education?  O Yes  O No  O N/A

Emotional Behavioral Assessment or Other Clinical Diagnostic Assessment Details (required for applications from DOE)

<table>
<thead>
<tr>
<th>Assessment Completed By</th>
<th>Assessment Date</th>
<th>Diagnosis</th>
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Is youth on medication?  O Yes  O No

Prescriber: ________________________________

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<th>Medication &amp; Dose</th>
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Additional information / notes:

Attachments (applications submitted without required items will not be processed until items are received by the Family Guidance Center)

☐ Guardianship or Power of Attorney Documents (required if Legal Guardian is not youth’s biological or adoptive parent)

☐ Evaluation or Assessment (required for applications from DOE)

☐ Individualized Education Program or 504 Modification Plan

☐ Other: ________________________________

Acknowledgement (if you do not have the legal right to sign consents for this youth, application will not be processed until Legal Guardian’s signature is obtained)

I attest that the information given is complete and correct, and I have the legal right to sign consents for this youth.

I hereby consent to the evaluation of this youth for the purpose of determining eligibility, and agree to CAMHD program enrollment, and agree that CAMHD may obtain information about this youth with the understanding that it cannot be disclosed to others (except referring agency, if applicable) without my further approval, unless permitted by Federal or State law.

I also understand that this consent expires in one (1) year.

Parent / Legal Guardian Signature: ________________________________

Date: ________________________________

Relationship to Youth: ________________________________
Authorization to Jointly Disclose
Protected Health Information (PHI)

Individual Whose Protected Health Information is Being Disclosed

Name (First Last) ______________________ Date of Birth ______________________ Address ______________________

Parties Requesting and/or Disclosing Information

From: Child & Adolescent Mental Health Division
3627 Kilauea Avenue, Room 101, Honolulu HI 96816

From: All Parties Identified Below
(identify all parties from whom information may be disclosed)

To: All Parties Identified Below
(identify all parties to whom information may be disclosed)

To: Child & Adolescent Mental Health Division
3627 Kilauea Avenue, Room 101, Honolulu HI 96816

Department of Health
□ Alcohol and Drug Abuse Division
□ Developmental Disabilities Division
□ Early Intervention Section

Department of Human Services
□ Child Welfare Services Branch
□ Office of Youth Services
□ Med-QUEST Division

Juvenile Client Services Branch
□ Oahu – First Circuit
□ Maui – Second Circuit
□ Hawaii – Third Circuit
□ Kauai – Fifth Circuit

University of Hawaii
□ Dept. of Psychology (Eval/CCBT)
□ Dept. of Psychiatry (Eval/Telepsych)

Department of Education
□ Honolulu District
□ Central District
□ Leeward District
□ Windward District

Other

Other

Other

Other

Providers
□ Alaka‘i Na Keiki
□ Aloha House
□ Benchmark Behavioral Health Services
□ Bobby Benson Center
□ Care Hawaii, Inc
□ Catholic Charities Hawaii
□ Child & Family Service
□ Hale Kipa, Inc.
□ Hale ‘Opio Kauai, Inc.
□ Hawaii Behavioral Health
□ Hina Mauka
□ Maui Youth & Family Services
□ Parents and Children Together
□ Sutter Health dba Kahi Mohala
□ Waianae Coast CMHC - Hale Na‘au Pono

Types of Information to be Disclosed: 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:

- Clinical Management Plan (CMP), Coordinated Service Plans (CSP), Mental Health-related assessments and evaluations
- Provider Mental Health Treatment Plans (MHTP) and progress reports
- Court hearings, reports and orders
- Individualized Educational Plans (IEP) and Department of Education (DOE) health-related documents
- Functional Behavioral Assessments and Behavioral Support Plans
- Mental Health-related medical records
- Department of Human Services (DHS) reports

Specially Protected Information: This Authorization includes the disclosure of Substance Abuse Treatment information.

Purpose: To help identify the client’s needs and strengths, assist in developing treatment recommendations, assist in determining eligibility for services and to provide care coordination of intensive mental health services.

Duration: This Authorization will be in force and effect until Six (6) Months after Termination of Services. At that time, this Authorization to disclose Protected Health Information expires.

Acknowledgement of Authorizing Individual or Personal Representative

I understand I have the right to revoke this Authorization, in writing, 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 the 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.

(please check this box ONLY if the disclosing party will receive compensation or other benefit when using or disclosing this Protected Health Information)

Signature of Individual or Personal Representative ______________________ Date ______________________ Name ______________________ Description of Personal Representative’s Authority ______________________

Youth: ______________________

(04/27/2022)
<table>
<thead>
<tr>
<th>Names and Addresses</th>
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<tbody>
<tr>
<td><strong>Department of Health</strong></td>
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</table>
| □ Alcohol and Drug Abuse Division  
601 Kamokila Boulevard, Suite 360, Kapolei HI 96707 |
| □ Developmental Disabilities Division  
1250 Punchbowl Street, Suite 423, Honolulu HI 96813 |
| □ Early Intervention Section  
1350 South King Street, Suite 200, Honolulu HI 96814 |
| **Department of Human Services** |
| □ Child Welfare Services Branch  
420 Waiaikamilo Road, Honolulu HI 96817 |
| □ Office of Youth Services  
42-470 Kalaniaole Highway, Kailua HI 96734 |
| □ Med-QUEST Division  
601 Kamokila Boulevard, Room 518, Kapolei HI 96707 |
| **Juvenile Client Services Branch** |
| □ Oahu – First Circuit  
4675 Kapolei Parkway, Kapolei HI 96707 |
| □ Maui – Second Circuit  
2145 Main Street, Wailuku HI 96793 |
| □ Hawaii – Third Circuit  
777 Kilauea Avenue, Hilo HI 96720 |
| □ Kauai – Fifth Circuit  
3970 Kaana Street, Lihue HI 96766 |
| **University of Hawaii** |
| □ Dept. of Psychology (Eval/CCBT)  
2444 Dole Street, Krauss Hall 101, Honolulu HI 96822 |
| □ Dept. of Psychiatry (Telepsych/Eval)  
1356 Lusitana Street, 4th 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 Street, Room 203, Hilo HI 96720 |
| □ Kauai District  
3060 Iwa Street, Suite 305, Lihue HI 96766 |
| □ Maui District  
54 High Street, 4th Floor, Wailuku HI 96793 |
| **Providers** |
| □ Alaka'i Na Keiki  
1100 Alakea Street, Honolulu HI 96813 |
| □ Aloha House  
200 Ike Drive, Makawao HI 96768 |
| □ Benchmark Behavioral Health Services  
2501 Waimano Home Road, Pearl City HI 96782 |
| □ Bobby Benson Center  
56-660 Kamehameha Highway, Kahuku HI 96731 |
| □ Care Hawaii, Inc  
875 Waimanu Street, Honolulu HI 96813 |
| □ Catholic Charities Hawaii  
1822 Keeaumoku Street, Honolulu HI 96822 |
| □ Child & Family Service  
91-1841 Fort Weaver Road, Ewa Beach HI 96706 |
| □ Hale Kipa, Inc.  
615 Pilikoi Street, Suite 203, Honolulu HI 96814 |
| □ Hale 'Opio Kauai, Inc.  
2995 Umi Street, #300, Lihue HI 96766 |
| □ Hawaii Behavioral Health  
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 Drive, Makawao HI 96768 |
| □ Parents and Children Together  
1300 Halona Street, Honolulu HI 96817 |
| □ Sutter Health dba Kahi Mohala  
91-2301 Fort Weaver Road, Ewa Beach HI 96706 |
| □ Waianae Coast CMHC - Hale Na'au Pono  
86-226 Farrington Highway, Waianae HI 96792 |

**Other**

□

□

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□