



# SHORT-TERM ASSESSMENT OF RESOURCES & TREATMENT (START)

Seneca's Short-Term Assessment of Resources & Treatment (START) Program is an 8-week crisis stabilization service offered to youth and their families in Pierce County. The primary goals of START are suicide prevention and safety planning, ongoing crisis management and development of coping skills for youth and their families, and linkage to ongoing support.

**Eligibility Requirements**

- START is available to all youth up to 18 years of age who reside in Pierce County regardless of insurance status.
- Youth has recently experienced a crisis and/or;
- Youth frequently utilizes crisis supports (e.g., crisis line, ER visits)

**Services Offered:**

- Crisis Stabilization
- Safety Planning
- De-escalation Support
- Individual Therapy
- Family Therapy
- Peer Specialist Support
- Case Management

To submit a referral, contact us at:  
**Main:** 206-948-0096  
**Toll-Free:** 833-522-0137  
**Email:** [WASTART@senecacenter.org](mailto:WASTART@senecacenter.org)



[www.senecafoa.org](http://www.senecafoa.org)



**Short-Term Assessment of Resources & Treatment (START) Referral Form**  
 Call our main line 206-948-0096 or toll-free line 833-522-0137;  
 Email: [WASTART@senecacenter.org](mailto:WASTART@senecacenter.org) or send via confidential fax: 510-830-3596

Date of Referral:	<b>Office Only</b>	
Name of Referent:	INTAKE APPT DATE & TIME:	
Referent Phone No.:	TEAM ASSIGNED:	
Referent Email:	SCHEDULED BY:	
Relationship to Client:	SCHEDULED ON:	
<b>CLIENT INFORMATION</b>		
Name:	DOB:	Age:
Ethnicity:	Primary Language:	
Gender:	Pronouns:	
Youth Primary Address:		
Youth Phone:	Voicemails? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Caregiver(s) Name & Relationship to Youth:		
Caregiver(s) Phone:	Voicemails? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email:	Caregiver(s) Language:	
Do you have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Insurance:	Policy/Member #:	
Current and/or prior behavioral/mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		
Recent hospitalizations or crisis services involvement (e.g., ER due to behavioral/mental health)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		
<b>CONTACT (Check all that apply)</b>		
Best days to contact: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Time of day: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
<b>INTAKE AVAILABILITY (Check all that apply)</b>		
Best days to contact: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Time of day: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	