

	<p><b>@gruwup.net : Peacebuilding and Trustbinding Ideal</b>  <b>3260 Grande Vista, San Bernardino CA 924</b>  <b>San Bernardino, CA 92405</b>  <b>Tel: 909-882-8759 Fax: 909-277-7893</b>  <b>#Kramobone : #Nyansapo : #Mpatapo</b></p>	<h1>Fax</h1>
--	--	--------------

**To:** Dr. Veronica Kelley - Director - SB  
County Dept Behavioral Health

**From:** James Martin Driskill

**Fax:** 1-909-890-0435

**Date:** Oct 01/20 03:51 PM

**Organization:** County of San Bernardino - Dept Behavioral Health

**Subject:** **Completed Form - Request For Services**

---

I WILL ONLY ACCEPT THE STANDARDS OF EXCELLENCE!

I WILL NOT ACCEPT NO FOR AN ANSWER.

Confidentiality Warning: This message is intended only for the use of the individual or entity to which it is addressed, and may contain information which is privileged, confidential, proprietary or exempt from disclosure under applicable law. If you are not the intended recipient or the person responsible for delivering the message to the intended recipient, you are strictly prohibited from disclosing, distributing, copying or in any way using this message. If you have received this communication in error, please notify the sender, and destroy and delete any copies you may have received.

Last Name: Driskill		First Name: James		M. Initial: M		Maiden:	
Alias (Other Name):		Home Phone: 909-882-8759		Work Phone: 909-763-8481		Date of Birth: 09/01/1965	
Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	Age: 55	Soc. Sec. No. 547-45-3504	Years of Education: (0-20) 12		Are You Pregnant?: <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A		
Marital Status: 1 = Never Married 2 = Married/Live together 3 = Widowed 4 = Divorced/Dissolved 5 = Separated 9 = Unknown							
Address (including City and Zip Code): (Homeless? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N) 3260 Grande Vista - Living with Mother but all resources to housing has been restricted by social services ILLEGALLY!							
For Minors, Name of Parent/Guardian:			Relationship:		Phone:		
In Case of Emergency, Notify (Name, Address, Phone): Veronica Ann Driskill, 3260 Grande Vista San Bernardino CA 92405 909-882-8759							
Are You on Conservatorship?: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If so, Name of Conservator:							
Health Care Insurance (check all that apply): <input type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Blue Cross <input type="checkbox"/> Kaiser <input type="checkbox"/> Other HMO <input type="checkbox"/> IEHP <input type="checkbox"/> Molina <input type="checkbox"/> Healthy Families <input type="checkbox"/> Healthy Kids <input checked="" type="checkbox"/> Other insurance <input type="checkbox"/> None <input type="checkbox"/> Other							
If Medi-Cal, your Medi-Cal No: Will PROVIDE OFF-LINE COPY of Records.				County of your Medi-Cal:			
Employment: SELF- Adult Consent Thought/Practices School - Started ir				School:			
Who Referred You?: <input type="checkbox"/> Self <input type="checkbox"/> School <input type="checkbox"/> Probation <input type="checkbox"/> CFS <input type="checkbox"/> APS <input type="checkbox"/> CPS <input type="checkbox"/> Parent/Grd./Cnsrv./Fam. <input type="checkbox"/> Prop. 36 <input type="checkbox"/> Parole <input type="checkbox"/> Cal-WORKs <input checked="" type="checkbox"/> Court <input type="checkbox"/> AB2726 <input type="checkbox"/> AB2034 <input type="checkbox"/> Other							
Services Desired: <input checked="" type="checkbox"/> Meds <input checked="" type="checkbox"/> Counseling <input checked="" type="checkbox"/> Help with Benefits <input type="checkbox"/> Drug/Alcohol <input checked="" type="checkbox"/> Other #StopGangStalking							
Are you a veteran or a current active duty military service member? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, are you currently receiving veteran's benefits? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (OA follow Procedure)							
Have You Ever Been a Regional Center Client?: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N							
Are You Seeking Services for Child Custody or Family Reunification?: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
Were You Sent for Services by Probation or Parole or by the Court?: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
Are You Seeking Services Because of a Lawsuit or Charge Against You?: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
Are You Currently in Mental Health or Alcohol/Drug Treatment?: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Where?:							
Caregiver: No. of children less than 18, client cares for? 0				No. of dependent adults client cares for? 0			
Special Population Code: <input type="checkbox"/> A = Assisted Outpatient Treatment service(s) (AB 1421) <input type="checkbox"/> C = Individualized education plan (IEP) required service(s) (AB 3632) School District Code: _____ refer to county list <input checked="" type="checkbox"/> G = Governor's Homeless Initiative (GHI) service(s) <input type="checkbox"/> N = No special population service(s) <input type="checkbox"/> W = Welfare- to- work plan specified service(s)							
Explain Why You Are Here and the Help that You Would Like: Dr. Veronica Kelley -- You have an URGENT NEED to RESPOND either PRIVATE or PUBLIC to SOCIAL MEDIA and PRIVATE ATTEMPTS TO INTERFACE SOCIAL MEDIA WITHOUT BLOCKING --- TO DEFINE AND RESOLVE A HATE							
Describe Alcohol and Drug Use (and Problems): ( cont.. ] A HATE CONSPIRACY [ #ConspiracyExposedTerminatesASAP : #HIVUntreatable : #StopGangStalking ] <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7178134/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7178134/</a> : The Phenomenology of Group Stalking ( Gang-Stalking )							
Date: Oct 1st 2020 Printed Name of Person Filling Out This Form: James Martin Driskill							

**INITIAL CONTACT FORM**  
**County of San Bernardino**  
**Department of Behavioral Health**  
**Confidential Pt. Info.**  
**See W&I Code 5328**

**NAME:** James Martin Driskill

**CHART NO:**

**DOB:**

**PROGRAM:**

Physical Disability: (please check all that apply)

00 = None  
01 = Severe Visual Impairment  
02 = Severe Hearing Impairment  
04 = Speech Impairment  
08 = Physical Impairment/Mobility  
16 = Developmentally Disabled (i.e., epilepsy, cerebral palsy, mental retardation, etc.)  
32 = Other, physical impairment, or disease not listed above (i.e., loss of upper limbs, diabetes, hypertension, cancer, drug addiction, alcoholism, etc.)  
99 = Unknown

Primary Language:   A   Preferred Language:   A  

A = English                      H = Cambodian                      O = Ilocano                      V = Russian                      3 = Other Sign  
B = Spanish                      I = Sign Language                      P = Mien                      W = Portuguese                      4 = Other Chinese  
C = Chinese Dialect                      J = Other                      Q = Hmong                      X = Italian                      9 = Unknown  
D = Japanese                      K = Cantonese                      R = Turkish                      Y = Arabic  
E = Filipino Dialect                      L = Korean                      S = Hebrew                      Z = Samoan  
F = Vietnamese                      M = Mandarin                      T = French                      1 = Thai  
G = Laotian                      N = Armenian                      U = Polish                      2 = Farsi

Ethnicity (CSI = Race) with which You Most Identify: (up to 5 can be entered)   A   \_\_\_\_\_

A = White                      H = Vietnamese                      L = Filipino                      R = Samoan  
B = Black                      I = Laotian                      N = Other Non- White                      S = Asian Indian  
C = Native American                      J = Cambodian                      O = Unknown                      T = Hawaiian Native  
G = Chinese                      K = Japanese                      Q = Korean                      U = Guamanian

Ethnicity = Hispanic Origin  
Y = Yes  
N = No  
U = Unknown

Mother's First Name:   Veronica   Client Birth Name:   James Martin Driskill  

Birthplace County:   San Bernardino   State:   CA   Country:   USA  

Significant Other's Name:   N/A   Relationship:   N/A   Phone:   N/A  

Significant Other's Address:   N/A  

Employment: (circle one)

1 = Full Time                      8 = School                      15 = Not in Labor Force  
2 = Part Time                      12 = Unemployed (looking)                      16 = Unknown  
4 = Homemaker                      13 = Unemployed (not looking)

A beneficiary booklet and provider list were received. I understand that I am able to receive a booklet and provider list upon request

**INITIAL CONTACT FORM**  
**County of San Bernardino**  
**Department of Behavioral Health**  
**Confidential Pt. Info.**  
**See W&I Code 5328**

**NAME:** James Martin Driskill  
**CHART NO:**  
**DOB:**  
**PROGRAM:**

School District Codes  
County of San Bernardino

The Client and Service Information (CSI) System:

All persons served in treatment programs must be reported to the CSI System. This includes both Medi-Cal and non-Medi-Cal clients, and persons served by the private practitioners that were formerly in the Fee-For-Service System.

The following is a list of currently identified School Districts within the County of San Bernardino. The system is capable of accepting any State of California School District Code, should the child reside in another county.

The School District Code is required on any AB Client where the Special Population code of "C" has been entered.

<b>CDS Code</b>	<b>School Name</b>
3667587	Adelanto
3667595	Alta Loma
3675077	Appley Valley Unified
3673858	Baker Valley Unified
3667611	Barstow Unified
3667637	Bear Valley Unified
3667645	Central
3667652	Chaffey Joint Union
3667678	Chino Valley Unified
3667686	Colton Joint Unified
3667694	Cucamonga
3667702	Etiwanda
3667710	Fontana Unified
3667736	Helendale
3675044	Hesperia Unified
3675051	Lucerne Valley Unified
3667777	Morongo Unified
3667785	Mountain View
3667793	Mt. Baldy Joint
3667801	Needles Unified
3637819	Ontario - Montclair
3667827	Oro Grande
3667843	Redlands Unified
3667850	Rialto Unified
3667868	Rim of The World Unified
3667876	San Bernardino City
3610363	San Bernardino County SP Ed
3673890	Silver Valley Unified
3673957	Snowline Joint Unified
3667892	Trona Joint Unified
3675069	Upland Unified
3667918	Victor Elementary
3667926	Victor Valley Community College
3667934	Victor Valley Union High
3667959	Yucaipa - Calimesa Joint Unified

Published: January 23, 2008