



Referral for Services

Connections That Matter, Inc.

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Office: (443) 948-7333 Email: info@ctmatter.org

Date: _____ Referring Organization: _____

Referral Source & Relation to Consumer: _____

Phone: _____

Please indicate service(s) for which you are referring this individual: Outpatient Therapy Medication Mgmt

Briefly describe consumer's needs:

This info is required in order to FIND patient in NS or BH			
Consumer Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: SSN #	Medicare # AND OR Medicaid # 11-digits
Home Address (include city/state/zip and apt # if applicable)			
Home Phone	Cell Phone	Consumer speaks <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
REQUIRED Reporting Data in order to OBTAIN authorization from NS or BH			
Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Not Available <input type="checkbox"/> Native Hawaiian or other Pacific Islander		Ethnicity <input type="checkbox"/> Not Hispanic Latino <input type="checkbox"/> Hispanic Latino <input type="checkbox"/> Not Available	
Is consumer a hurricane victim? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Available	Name of Insurance (i.e. Amerigroup, UHC)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower <input type="checkbox"/> N/A	
Living Situation <input type="checkbox"/> Private Residence <input type="checkbox"/> Foster Home <input type="checkbox"/> Shelter <input type="checkbox"/> Residential Care <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Employment Status <input type="checkbox"/> Employed F/T <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Disabled <input type="checkbox"/> Not seeking to work <input type="checkbox"/> Unknown	
Education <i>write 97 if unknown</i> Adult Consumer: Highest Level of Education: _____ Minor Consumer: Attended school w/in past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, most recent grade?		Veteran Status Is consumer a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Available If yes, which war? <input type="checkbox"/> Afghanistan <input type="checkbox"/> Iraq <input type="checkbox"/> Unknown	
Arrests <i>write 97 if unknown</i> Number of Arrest in past 30 days?	Other Contact: Parent/Guardian for minor – case worker, etc		
Is consumer currently on Medication? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes:	Relation to Consumer	Telephone	
Office Use ONLY			
Effective Date: _____		End Date _____ COB <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
TX - Auth #: _____		# of Visits _____ Dates: _____	
Notes:			
Verification and auth obtained by: _____ on _____			