



Referral for Services

Connections That Matter, Inc.

1900 E. Northern Pkwy, Ste. 310 Baltimore, MD 21239

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

Date: _____ Referring Organization: _____

Referral Source & Relation to Client: _____

Phone: _____

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

Briefly describe client's needs: _____

THIS INFO IS REQUIRED IN ORDER TO FIND PATIENT IN NS OR OPTUM				
<u>Client Name</u>	<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>DOB:</u> <u>SSN #:</u>	<u>Medicare #</u> AND	OR <u>Medicaid #</u> <small>11-digits</small>
<u>Home Address (include city/state/zip and Apt # if applicable)</u>				
<u>Home Phone</u>	<u>Cell Phone</u>	<u>Client Language</u> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		
<u>Client Email</u>				
<u>Other Contact Name (Parent/Guardian for MINOR – case worker, etc.)</u>				
<u>Contact's Relation to Client</u>	<u>Other Contact Telephone</u>			
<u>Other Contact Email</u>				
REQUIRED REPORTING DATA IN ORDER TO OBTAIN AUTHORIZATION FROM NS OR OPTUM				
<u>Race</u> <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			<u>Ethnicity</u> <input type="checkbox"/> Not Hispanic Latino <input type="checkbox"/> Hispanic Latino <input type="checkbox"/> Not Available	
<u>Is client a hurricane victim?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Available	<u>Name of Insurance (i.e. Amerigroup, UHC)</u>		<u>Marital Status</u> <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	
<u>Living Situation</u> <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			<u>Employment Status</u> <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	
<u>Education</u> <small>write 97 if unknown</small> Adult Client: Highest Level of Education: _____ Minor Client: Attended school w/in past 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, most recent grade?			<u>Veteran Status</u> Is client 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	
<u>Arrests</u> <small>write 97 if unknown</small> Number of Arrest in past 30 days?	<u>Is client currently on Medication?</u> <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes:			