



## Referral for Services

### **Connections That Matter, Inc.**

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

**Office:** (443) 948-7333      **Email:** [info@ctmatter.org](mailto: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*  
☐ *Psychiatric Rehabilitation Program (PRP)*    ☐ *Health Homes*

**Briefly describe client's needs:** \_\_\_\_\_

<b>THIS INFO IS REQUIRED IN ORDER TO FIND PATIENT IN NS OR OPTUM</b>	
<u><b>Client Name</b></u>	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <u><b>Gender</b></u>  <input type="checkbox"/> Male  <input type="checkbox"/> Female </div> <div style="width: 30%;"> <u><b>DOB:</b></u>   <u><b>SSN #:</b></u> </div> <div style="width: 30%;"> <u><b>Medicare #</b></u>    <b>AND</b>    <b>OR</b>    <u><b>Medicaid #</b></u>    <small>11-digits</small> </div> </div>
<u><b>Home Address (include city/state/zip and Apt # if applicable)</b></u>	
<u><b>Home Phone</b></u>	<u><b>Cell Phone</b></u> <u><b>Client Language</b></u> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:
<u><b>Client Email</b></u>	
<u><b>Other Contact Name (Parent/Guardian for MINOR – case worker, etc.)</b></u>	
<u><b>Contact's Relation to Client</b></u>	<u><b>Other Contact Telephone</b></u>
<u><b>Other Contact Email</b></u>	
<b>REQUIRED REPORTING DATA IN ORDER TO OBTAIN AUTHORIZATION FROM NS OR OPTUM</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <u><b>Race</b></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 </div> <div style="width: 35%;"> <u><b>Ethnicity</b></u>  <input type="checkbox"/> Not Hispanic Latino  <input type="checkbox"/> Hispanic Latino    <input type="checkbox"/> Not Available </div> </div>	
<u><b>Is client a hurricane victim?</b></u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Available	<u><b>Name of Insurance (i.e, Amerigroup, UHC)</b></u>  <u><b>Marital Status</b></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><b>Living Situation</b></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><b>Employment Status</b></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><b>Education</b></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><b>Veteran Status</b></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

<div>Arrests</div> <div>write 97 if unknown</div> <div>Number of Arrest in past 30 days?</div>	<div>Is client currently on Medication?</div> <div><input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes:</div>
--	---