**Integrated Community Supports (ICS) Services Referral Form**

 **Referral Date:**

**Referrer’s Name:**

**Referrer’s Phone:**

**Complete ALL Sections**

**Patient Information**

|  |  |  |
| --- | --- | --- |
| First Name:  | M.I.: | Last Name: |
| Date of Birth: | Gender:[ ] Male [ ]  Female[ ]  Prefer not to answer[ ] Other:  | Race:  | PMI #: |
| Address: | City:  | Zip code:  | County: |
| Phone Number: | E-mail address: |

**Case Manager Information**

|  |  |
| --- | --- |
| Names: | Agency Name: |
| Address: City: Zip code:   |
| E-mail Address: |
| Office number (with direct ext. if applicable): | Office Fax: |

|  |
| --- |
| Are you aware of any drug/alcohol use by this person? [ ] Yes [ ]  NoDoes this person drive? [ ] Yes [ ]  NoDoes this person use the following? (mark all that apply) [ ] Walker [ ]  Cane [ ]  Wheelchair [ ] Other:  |
| Does this person have a criminal background? [ ] Yes [ ]  NoAny evictions in the last 2 years? [ ] Yes [ ]  NoDoes this person have an income source? [ ] Yes [ ]  No *(If yes, enter information below)*Type of income: Amount: $ Type of income: Amount: $ Type of income: Amount: $ Type of income: Amount: $ Type of income: Amount: $ |

**Other specific important notes:**

|  |
| --- |
|  |

*\*****Attach CSSP and ALL other relevant supporting Documents to assist with intake process.***

Case Manager (e) Signature: Date:

*Send completed form and supporting documents to:*

**Email: *info@ridgewell-living.com*Subject: *Referral for ICS Services***

or

**Fax:** ***(763)-647-1477  Attn: ICS Referral Team***