**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  No  Does this person drive? Yes  No  Does this person use the following? (mark all that apply) Walker  Cane  Wheelchair  Other: |
| Does this person have a criminal background? Yes  No  Any evictions in the last 2 years? Yes  No  Does 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***