1950 W. Heatherbrae Dr. Suite 2 Phoenix, AZ 85015 602.246.7607 Referral Fax 602-424-6241

 Email: Referrals@azchr.org website: [www.azchr.org](http://www.azchr.org)

Date of Referral: **\_\_ \_\_\_\_\_ / / \_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Person being referred Click or tap here to enter text.\_ Date of Birth \_\_\_\_\_\_/ \_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_

AHCCCS ID: \_\_Click or tap here to enter text.\_\_Phone # (where the individual can be reached):Click or tap here to enter text.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

 [ ]  Male [ ]  Female [ ]  Transgender [ ] □ Pregnant [ ]  Postpartum [ ]  SMI / RBHA □[ ]  GMH/SA □[ ]  ALTCS

 Interpreting services needed?[ ]  Yes [ ]  No

Health Plan coverages: Name of Health Plan or Benefit:Click or tap here to enter text.

**Required Documents for Referrals from Provider Agencies / Clinics / Health Plans**

 [ ]  Current Assessment (diagnostic evaluation) \*Must include BHP Signature\*

 [ ] Current Individual Service Plan (ISP) \*Must Include (both) BHP and member signatures\*

[ ] Note: ISP **must** list the services you are referring the member for **\*\*see Notice Below \*\***

 [ ] Authorization to Release Information

***\*\* Notice****:* ***At a minimum****, the initial ISP must identify and need for* ***Peer Support Services.***  *After an initial intake is completed, CHR and the member may request that additional services be added to the / their ISP. This is based on member choice and program scheduling which provides a variety of groups and programming that are billed using a variety of billing codes that need to be listed on the ISP.*

**Peer Delivered Services that would be listed on an ISP to allow for member choice:**

**1. Peer Support –** to identify needs, overcome barriers and cope with stressors, in order to promote long term sustainable recovery

**2. Skills Development -** to improve the ability to live and participate in the community and function independently, e.g. developing a social support network, self-care, communication, budgeting and community resources etc.

**3. Psychoeducational/ Pre-Job Training & Development –** Ongoing support for employment or volunteer opportunities

**4. Behavioral Health Prevention Education -** to increase the person's knowledge of illness or health condition

**5. Non-Emergency Transportation -** Services to engage in skill development activities or recovery activities.

***Self-Referrals or Non- Provider Referrals:*** *For individuals not referred by a Provider Agency or who do not have a current assessment or ISP, CHR will arrange for the individual to receive an assessment and have an individual service plan completed by a qualified BHP.*

**Referring Provider/ Site/Clinic:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Email address of assigned Case Manager**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please send Referral and Required Documents to*

***Referrals@azchr.org****or fax to 602-424-6241*

*Note: For Peer Employment Training Referrals there is an additional form that must be completed and sent with this referral packet, form can be found at www.azchr.org Programs, Peer Employment Training*