www.cheeers.org

1950 W. Heatherbrae Dr. Suite 2 Phoenix, AZ 85015 602.246.7607 Fax:602.433.0231 Referral Fax 602-424-6241

CHEEERS REFERRAL FORM

Date of Referral: _____

Name of Person being Referred : _____ Date of Birth_____

Phone Number (where the individual can be reached) : _____

Gender: □ Male □ Female

Address: _____ City: _____ State: _____ Zip Code: _____

□ Individual is: □ SMI □ GMH/SA □ ALTCS □ Title XIX □ Non-Title

□ Services Covered by : Name of Health Plan or Benefit:_____

Individual is being referred for the following services: (Please check)

□ CHEEERS Center Program Services **which includes** Peer Support, Lifeskills training, health promotion and education or pre-employment training, transportation

□ Peer Support Certification Training Program Only

Please provide and attach the following:

For members who are SMI; The referral must be sent with a current Assessment , ISP, and Release of information . Please attach Annual Assessment, Diagnostic Evaluation, that includes persons Diagnosis for which services at CHEEERS are needed

For GMH/SA members or those covered by insurance or otherwise non- RBHA enrolled : the requirements for referral may vary . Please provide contact information and authorization to exchange information so that we may facilitate services for the individual.

.Referring Site/Clinic: _____ Site Phone: _____

Staff Making Referral: _____ Title: _____

Please email or fax this form to Jennifer Brunson, Intake Coordinator CHEEERSREFERRALS@cheeers.org

Fax: (602) 424- 6241 or Phone: (602) 246-7607 Ext. 108

Referral All Fund types