



Center for Health and Recovery

Formerly known as CHEERS

### REFERRAL FORM

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

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

Date of Referral: \_\_\_\_\_

Name of Person being referred \_\_\_\_\_ Date of Birth; \_\_\_\_/\_\_\_\_/\_\_\_\_

AHCCCS ID: \_\_\_\_\_ Phone # (where the individual can be reached): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ 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: \_\_\_\_\_

#### **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](mailto: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](http://www.azchr.org) Programs, Peer Employment Training