



CHEEERS REFERRAL FORM

www.cheeers.org

1950 W. Heatherbrae Dr. Suite 2 Phoenix, AZ 85015 602.246.7607 Referral Fax 602-424-6241
email CHEEERSREFERRALS@CHEEERS.ORG

Date of Referral: _____

Name of Person being referred: _____ Date of Birth ____/____/____

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

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

Gender: [] Male [] Female [] Transgender Individual is: [] SMI / RBHA [] GMH/SA [] ALTCS

[] Health Plan coverages: Name of Health Plan or Benefit: _____

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

- [] Current Assessment (diagnostic evaluation)
[] Current Individual Service Plan, listing all Services offered at CHEEERS **see Notice Below **
[] Authorization to Release Information

** Notice: As a Peer Operated Program following best practice standards, CHEEERS programming structure allows for member choice, therefore all Peer Delivered services offered at CHEEERS must be included in the ISP. (does not apply to ALTCS members or unless otherwise arranged/ authorized)

Services listed on the ISP must include all of the following to allow for member choice:

- 1. Peer Support
2. Behavioral Health Day Treatment,
3. Skills Development
4. Psychoeducational/ Pre-Job Training and Development
5. Behavioral Health Prevention Education
6. 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, CHEEERS will make arrangements for the individual to receive an assessment and have an individual service plan completed by a qualified BHP.

Referring Provider/ Site/Clinic: _____ Phone: _____

Name of Staff or person making the referral: _____ Title: _____

Please send Referral Face Sheet and Required Documents to CHEEERSREFERRALS@Cheeers.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.cheeers.org , Programs , Peer Employment Training