



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) *Must include BHP Signature*
- Current Individual Service Plan (ISP) *Must Include (both) BHP and member signatures*
 - Note: ISP **must** list the CHEEERS services you are referring the member for ****see Notice Below ****
- Authorization to Release Information

**** Notice:** At a minimum, the initial ISP must contain **Peer Support Services** or a description of peer support services. For example, "The member would like to engage in peer services to help with identifying needs and to learn independent living skills". After an initial intake is completed, CHEEERS may request that additional services be added to the members ISP. This is based on member choice and program scheduling. The member and CHEEERS staff will be contacting the clinical team to request additional services be added to 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, 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 and Email address of assigned Case Manager: _____ Email: _____

Please send Referral 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