

Mainstream Living, Inc.
Consumer Name:
Date of Birth:
Medicaid Number:

Referral Application for Program Services

Desired Program: (circle one)

- Transition Age Youth Program (TAY)
 Supported Community Living (SCL)
 Residential Care Facility (RCF-PMI)

General Information: Applicant

Name of person being referred: _____ Date of referral: _____

Address: (Name of Facility or provider, if applicable): _____

City/State/Zip Code: _____

Telephone contact: _____

Social Security Number: _____

Date of Birth: _____

Service Need: Tier: _____ **Projected visits/week:** . _____

Referring Individual Information

Referring person: _____ Agency: _____

Relationship to the applicant: _____

Address: _____ Phone _____

E-mail address: _____

Insurance Information:

Medicaid Number: _____

Medicare Number: _____

MCO Assignment: _____

Other Insurance: _____

Diagnostic Information: _____

Guardianship status:

Does this person have a guardian? No Yes (complete information below)

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

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Financial Information:

Does this person receive any of the following? (check all that apply)

SSI SSDI \$

SS \$

Other: \$ Source:

Food stamps \$

Has an application been made for any of the following? (check all that apply)

SSI Date applied?_____/_____/_____ Number of denials?_____

SSDI Date applied?_____/_____/_____ Number of denials?_____

SS Date applied?_____/_____/_____ Number of denials?_____

Food stamps Date applied?_____/_____/_____

Other income amount: _____ Source:_____

Does this person have a representative payee? No Yes - (complete information below)

Name: Home Phone: Address:

Work Phone:

Does this person have a conservator? No Yes - (complete information below)

Name: Home Phone:

Address: Work Phone:

Commitment Status:

Is this person under civil commitment?

No

Yes - type of commitment and reason for commitment:

Miscellaneous Legal Information:

Is this person involved in any pending civil or criminal legal actions: No Yes - (Briefly describe)

e.g., scheduled commitment hearing, divorce or custody issues, pending or unresolved criminal charges, legal probation, etc.

Substance Abuse/Use History:

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Described Previous Services Received:

See assessment

Current Service Involvement

Potential challenges

Potential Skill development needs

Significant Medical Conditions: (illnesses, hospitalizations, special diets, medical restrictions, etc.):

Medications:

Other Documentation Needed:

Standard Written Assessment Information:

All Program Applicants:

Social History, as current as possible.

Records of current hospitalizations, if applicable, i.e., "History & Physical" or equivalent

Current Service Plan

Release of information

Recent LOCUS