



## Referral Form - Certified Peer Specialist (CPS) Program

This form can be completed by anyone but **MUST** be signed and the service authorized by a *Licensed Practitioner of the Healing Arts (LPHA)*, a Physician, Physician’s Assistant, Certified Registered Nurse Practitioner, Licensed Psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Marriage, and Family Therapist.

**NOTE:** To receive services through PSAN, the individual **cannot** currently be receiving services that provide or include a certified peer specialist on their team. **Please initial** to indicate the following services are **NOT** being received: **ACT, CTT, ECSC, Mobile Medications** or any services that include a certified peer specialist on their team.

**Initials/Date:** \_\_\_\_\_

**PLEASE PRINT OR WRITE LEGIBLY**

Participant Name:		Date:
Address:		Phone:
City:	ZIP:	Health Choices Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No
DOB:	Social Security #:	MA Recipient #:
Special Residential Status: <input type="checkbox"/> N/A <input type="checkbox"/> Inpatient/Hospitalized <input type="checkbox"/> RTFA Expected Discharge Date: _____ <input type="checkbox"/> Homeless		

Person Providing Referral:	Position:
Email:	Phone:
Company/Organization:	
Address:	ZIP:

Current Mental Health Services: (If doctor or therapist only, indicate frequency.)
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**DIAGNOSES: Indicate the ICD10 code and Diagnosis.** SMI-Serious Mental Illness—A condition experienced by persons 18 years of age and older who, at any time during the past year, had a diagnosable mental, behavioral, or emotional disorder that met the diagnostic criteria and that has resulted in functional impairment and which substantially interferes with or limits one or more major life activities. Adults who would have met functional impairment criteria during the year without the benefit of treatment or other support services are considered to have serious mental illness. Substance use disorders and developmental disorders are not included.

<b>Code:</b>	Behavioral Health Diagnosis:
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Medical Conditions/Physical Health Issues:	
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