



Community Residential Services
25 Dies Street
Canton, New York 13617
(315) 379-0139 Fax (315) 379-1004
www.ncfreedomhomes.org

To Start the Referral Process:

Provide us with the following information by Faxing to: (315)-379-1004, Mailing to: 25 Dies St., Canton, NY 13617, or by calling Angela Hooper at: (315) 379-0139 Ex 8. As soon as we have ALL REQUIRED information the individual will be placed on our waiting list. Before your candidate can be interviewed we will also need copies of their Psychological and Social History, as well as their Medical Information including the results of BW, UR and a recent TB test. *All information must be completed, please do not list "see attached".*

Admission Date Requested: _____
First Name: _____ **M.I.** _____ **Last** _____ **Sex:** _____ **Age:** _____
Date of Birth: _____ **Soc Sec #:** _____ **County of Residence:** _____
Referred By: _____ **Phone #:** _____ **Extension:** _____
Organization: _____

Financial Information

Medicaid does not pay for Community Residence/Halfway Houses

Is there Managed Care? _____ **If Yes Name of Company:** _____
Managed Care ID #: _____ **Active TA?** _____
Date Applied If Not Active: _____ **Medicaid CIN#** _____
Caseworker's Name: _____ **Phone:** _____ **Extension:** _____
Is There SSI? _____ **Disability?** _____ **Private Payment?** _____

Clinical Information

Diagnosis: _____

Treatment History: _____

MAT History: _____
Current MAT: _____
Last Use Date and Substance: _____

Psychiatric History

Diagnosis: _____

Current Psychiatric Status: _____

Hospitalizations & OP: _____

Suicide Ideations/Attempts: _____

Current Psych Medications: _____

If patient is currently exhibiting psychiatric symptoms, has had a suicide attempt in the last 12 months, or is currently on psychotropic, anti-anxiety or antidepressant medications, please provide a psychiatric report

Medical History

Current Medical Issues: _____

Allergies: _____

Previous Medical Issues: _____

PPD Test Date/Results: _____

Current Medications/Dosage: _____

Legal Status

Pending Charges: _____

Previous Charges: _____

Previous Incarcerations: _____

Registered Sex Offender? _____

Probation/Parole/Drug Court: _____

Officers Name/Address: _____

Court Name/Address: _____

Signature/Title of Referral Source	
------------------------------------	--

