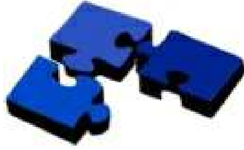

PeaceWay CMS

Counseling & Mediation Services, Inc.

Medicaid Referral Form Referral Date: ___________________

Name: ________________________________ _________________________ ____/_____/_____
(Last) (First) (DOB)

Address: ____________________________________ _________________________ _____________
(Street) (City/State) (Zip)

Parents/Legal Guardian Name: ____

Home Phone: ______________________ Work Phone: _________________Cell: _______________

Referring Agency: ____

Agency Contact Person: ____

Phone Number: ______________________________Fax Number:_____________________________

This checklist is to determine the eligibility of the consumer and family for the Medicaid Funded Therapeutic Services. Please check each statement which applies to the consumer.

- ☐ Client is between the ages of 6-22 (and above 22)
- ☐ Client is not considered a danger to self or others.
- ☐ Client has been identified and/or professionally diagnosed mental illness.
- ☐ Client has admitted to/identified to involvement with drugs or alcohol.
- ☐ Client has received treatment at a lower level of care and has been unsuccessful.
- ☐ Client and/or family are in immediate need of crisis intervention/management skills.
- ☐ Client and/or family do not currently possess sufficient resources to cope with issues.
- ☐ Client is in immediate danger of being removed from the home or in the process of reunification with the family.
- ☐ Client and/or family requires intensive, coordinated & supportive therapeutic interventions.
- ☐ Client agrees to actively and willingly participate in the program for therapeutic treatment or behavioral management.
- ☐ Confirm Medicaid/Peach Care Medicaid# ____

Use the next page to describe the behavioral problems that the child is experiencing

Please describe the behavioral problems that the child is experiencing with as much detail as possible, including potential examples of the behavior.

1. When did the behavior start (approximately)

2. What are examples of the behavior?

3. List any potential outside influences on the behavior

4. Other comments