



The Moore Center
Creating opportunities for a good life.[™]

Moore Clinical Services Referral Form

Client Name:

DOB:

DUCK #:

Date of referral:

Case Manager/Person making referral (and **primary contact info**):

HCBS review date/LOC dates:

Client is seeking:

Check all that apply:

Behavioral Services

Therapy/Treatment Services

Group Therapy/Skills Groups

Service Evaluation

Risk Management Planning

A completed referral does not guarantee available services. If there is no available clinician and this referral is eligible to be put on the department waitlist, the client/guardian would like to be added to the waitlist: _____ Yes _____ No

Client Profile

(Provide brief demographic information, current diagnoses, services in place at present):

Any notable police involvement or history of hospitalization?

Presenting Problem/ Needs Statement

Describe symptoms and/or behaviors of concerns (include start date; date of most recent event; frequency and intensity)

Describe any recent transitions or changes; describe level of urgency; note if other interventions have been attempted etc.:

Describe how day-to-day functioning and overall quality of life are being affected:

List applicable core team members **and contact information:**

Guardian: *(please attached full guardianship order)*

Family:

Residential Vendor:

Day Service Vendor:

Behaviorist:

Therapist:

START Coordinator:

Other:

Funding Source:

Is client on HCBC Waiver?

Does the client have Medicare? Y N

Medicaid Managed Care Company and ID:

Medicaid ID #:

Please provide copies of Medicare, Medicaid and MCO Insurance Cards

Required documentation with referral:

- ____ Updated Med list (if applicable)
- ____ Service agreement
- ____ Current Behavior Plan, Risk Assessment, or recent Neuropsych (as applicable)
- ____ Full guardianship order (if applicable)
- ____ Signed Releases of Information/ 1C Consent for *Moore Clinical Services*

Thank you for understanding the importance of supplying supporting documents. You may be contacted for additional documents.

Please note that services cannot begin until funding is in place, and that a loss of funding could result in a termination in services.

Please return this completed form and attachments to:

moorecenterclinicalservices@moorecenter.org

any questions, please reach out