

"Share the values you grew up with"

## **Referral Cover Sheet**

Thank you for inquiring about New Horizon Youth Homes Services. Attached is our Referral Packet. Please complete the Referral Form and send it along with the documents listed below. Having a complete referral packet will help us to being services as soon as possible.

This cover sheet is also serves as the fax cover sheet for your convenience.

Fax: 480-664-4296

this fax in error please notify the sender and destroy this message.



## "Share the values you grew up with" Referral Face Sheet

Client Name:				Funding Source CIS #:
Current Residency/ Placement Address:				
City: Stat	State: Zip:		Contact Phone Number:	
Client Date of Birth: Age: Gender: Male Female Client Ethnicity/ Race:				
Social Security Number:		Client Current Marital Status: Current Me Select		ledications:
Client Allergies: Sp		pecial Needs: Yes No		Preferred Language:
		If yes please explain:		
Diagnosis Codes ICD 10:				
AHCCCS ID Number:		AHCCCS Exp Date:	ate:	
Is CPS/TSS involved: Yes	Guardian/TSS/CP	rdian/TSS/CPS Name: Guardian/TSS/CPS Contact Info:		
				Relationship:
Funding Agency/Source:	Case Ma	nnager:	Phone:	E-mail:
			Fax:	
Please check all that apply:				
Outpatient Programming: Clinical Services:		☐ Mentoring		☐ SPIRIT Day Program
☐ Family Counseling		Services may include	de:	Services may include:
☐ Individual Counseling •				General Mental Health
		<ul> <li>Family Su</li> </ul>		
•		Health &		<ul> <li>GED Assistance</li> </ul>
		<ul> <li>Life Skills</li> </ul>	Development	<ul> <li>Employment Readiness</li> </ul>
				<ul> <li>CHOICE Program</li> </ul>
				Substance Abuse Support     Departing Chills
Presenting Issues/Goals:				Parenting Skills
Signature:	Date:			

Fax: 480-664-4296