



"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.

To: NHYH Referral Coordinator

Phone: 480-722-2730

Fax: 480-664-4296

Email: residential@nhyh.org

From: _____

Date Sent: _____

Number of Pages: _____

Please attach the following required documents:

- 1. Referral Face Sheet
- 2. T/RBHA Treatment/Service Plan with specific services listed & RMBHS (signed by BHP and guardian.)
- 3. T/RBHA Annual Behavior Assessment (reviewed and signed by BHP)

Magellan referrals must also submit: Current Strengths Needs & Cultural Discovery Assessment (SNCD), CASII score

Additional documents will be required to complete once referral has been accepted into the program.

Updated information that is not currently addressed in the Annual Behavior Assessment: _____

This fax is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you have received this fax in error please notify the sender and destroy this message.



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Referral Face Sheet

Client Name:		Funding Source CIS #:	
Client Mailing Address:			
City:	State:	Zip:	Phone Number:
Client Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Client Ethnicity/ Race: Select
Social Security Number:	Clients last TB test:	Current Medications:	
Client Allergies:	Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Preferred Language:	
Diagnosis Codes ICD 10:			
AHCCCS ID Number:		AHCCCS Exp Date:	
Is CPS/TSS involved: <input type="checkbox"/> Yes <input type="checkbox"/> No	TSS/CPS/ Guardian Name:	Relationship:	
Funding Agency/Source:	Case Manager:	Phone: Fax:	E-mail:
Presenting Issues/ Goals:			
Signature:		Date:	