



Integrated  
Community  
Alternatives  
Network

# CORE Services Referral

Date of Referral: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ County: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you have Medicare?: ☐ Yes ☐ No

Sex assigned at birth: ☐ Male ☐ Female Identified gender: ☐ Male ☐ Female Interpreter needed: ☐ Yes ☐ No

Ethnicity: ☐ Latino/Hispanic ☐ Non-Latino/Non-Hispanic ☐ Declined to specify Veteran Status: ☐ Yes ☐ No

Race (select all that apply): ☐ American Indian or Alaskan Native ☐ Asian ☐ Middle Easter ☐ Black or African-American  
☐ Multiracial ☐ Declined to specify ☐ White ☐ Native Hawaiian or Other Pacific Islander

MCO: \_\_\_\_\_ CIN #: \_\_\_\_\_

Referred by: \_\_\_\_\_ Credentials: \_\_\_\_\_

Contact information (phone/email): \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD -10 Code: \_\_\_\_\_

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**This is a goal oriented program, not to be used for personal care, home health, transportation services.  
We do not provide financial assistance.**

| <i>PSR - I need help learning</i>  | <i>Peer - I want support with</i>   |
|--|---|
| <input type="radio"/> <b>Life skills</b><br>(budgeting, cleaning, hygiene, paying bills, understanding paperwork)  | <input type="radio"/> <b>Substance Abuse</b><br>(going to meetings, maintaining recovery)                       |
| <input type="radio"/> <b>Coping skills</b>   | <input type="radio"/> <b>Mental Health</b><br>(coping skills, social anxiety, advocacy support, social support) |
| <input type="radio"/> <b>Skills for finding/keeping a job</b><br>(interview skills, resume writing, assistance with applications, internet job searches) | <input type="radio"/> <b>Community involvement</b><br>(social programs, volunteer support)                      |
| <input type="radio"/> <b>Skills to go back to school</b><br>(financial aid paperwork, researching programs & schools)                                    |   |
| <input type="radio"/> <b>Finding a new hobby or creative outlet</b>  |   |
| <input type="radio"/> <b>How to access community resources</b>   |   |
| <input type="radio"/> <b>Improving physical health</b><br>(healthy eating, cooking, exercise)  |   |

☐ I need in-home therapy to address my mental health needs and I am not engaged in a traditional clinic setting.

Additional information: