



HARP Services Referral

Client Demographic Information

Name: _____ DOB ____ / ____ / ____ Date of Referral ____ / ____ / ____

Address _____ + _____ City _____ State _____ Zip _____

Phone: _____ County: _____ SS # _____ - _____ - _____

Sex Assigned at Birth: Male Female Identified Gender: Male Female Veteran Status: Yes No

Ethnicity: Latino/Hispanic Non-Latino/Non Hispanic Declined to specify Interpreter needed Yes No

Race [select all that apply]:

- American Indian or Alaskan Native Asian Middle Eastern
- Black or African-American Multiracial Declined to Specify
- White Native Hawaiian or Other Pacific Islander

MCO: _____ CIN#: _____

Referred by: _____ Credentials: _____

Contact information (phone/email): _____

Clinical Information

Diagnosis: _____ ICD-10 Code: _____

Diagnosis: _____ ICD-10 Code: _____

Services Requested

CORE	<input type="radio"/> Peer Support <input type="radio"/> PSR <input type="radio"/> CPST <input type="radio"/> FST (Send referral to LPHA)
HCBS	<input type="radio"/> Habilitation <input type="radio"/> Pre-Vocational <input type="radio"/> Transitional Employment <input type="radio"/> Intensive Support Employment <input type="radio"/> Ongoing Supported Employment <input type="radio"/> Educational Support

Please identify the current needs of the client - check all that apply: **Social Determinants of Health**

Economic Stability	Physical Environment	Education	Community & Social Context	Mental Health/ Substance Abuse
<input type="radio"/> Employment	<input type="radio"/> Housing	<input type="radio"/> Vocational training	<input type="radio"/> Community supports	<input type="radio"/> Maintaining sobriety
<input type="radio"/> Pre-employment skills	<input type="radio"/> Homelessness	<input type="radio"/> Higher education	<input type="radio"/> Access to services	<input type="radio"/> Learning coping skills
<input type="radio"/> Debt	<input type="radio"/> Transportation	<input type="radio"/> Literacy	<input type="radio"/> Decrease isolation	<input type="radio"/> Managing stress

Other pertinent information: *(interpreter needed, provider preferences, contact preferences)*

IMPORTANT: Please include a Release of Information form if applicable.

Please email completed forms to Laura Trela, HARP Program Manager, at HARP@ican.family

For questions or concerns: (315) 731-2661