AdvocateSupportServices, Inc.
Community Based
Psychiatric Rehabilitation Services

PRP Service Referral Form

Please send back to:
Fax: 1-800-372-0799
Email: Support@AdvocateSupport.us

Please complete the following service referral to its entirety.

MD regulations require our clients to have this form completed 2x annually, minimum, for continued PRP services.

Now serving: Anne Arundel County, Baltimore County, Baltimore City, Howard County, & Prince George's County

Information about the individual being referred

First Name, MI, Last Name	Active MD Medicaid	Date of Birth

Home Address (number, street, apartment number, City, State, Zip)	Phone Number

Psychiatric Rehabilitation Program Accepted Primary Dx

F20.0 F20.1 F20.2 F20.3 F20.5 F20.81 F20.89 F20.9 F22 F25.0 F25.1 F25.8 F25.9 F28
F29 F31.0 F31.13 F31.2 F31.4 F31.5 F31.63 F31.64 F31.81 F31.9 F33.2 F33.3 F60.3

Primary ICD-10 Diagnosis Code, Fully written:	Changes and/or Additional Diagnoses:

Why is PRP being recommended in addition to outpatient mental health treatment/modalities?

This section is mandatory from the provider for PRP eligibility.
Briefly describe the individuals current problems, symptoms, and needs for community support.

Referral Source Information

Psychiatrist or Licensed Mental Health Provider

Your Name and Credentials	Phone Number
Organization Name	Fax Number
Address (number, street, suite number, city, state, zip)	Email

I am referring this individual to receive Psychiatric Rehabilitation Services from Advocate Support Services. I believe that there is a reasonable expectation that these services will help this individual to improve and/or maintain independence and current functional level in the community.

Accepted Credentials: APRN-PMH, CRNP-PMH, LCADC, LCMFT, LCPAT, LCPC, LCSW-C, MD, DO, PhD, PsyD, LMSW, LGSW, LGPC, LGADC, LGMFT, LGPAT

Referral Source Signature	Credentials	Date

This box is only necessary if signing referral source credentials are: LMSW, LGSW, LGPC, LGADC, LGMFT or LGPAT
Please list supervisor's Name & Credentials