

NORTHAMPTON COUNTY C.R.R. / S.H. / LODGE/ MPRS REFERRAL FORM

Please check as appropriate:

Date of Referral: _____

____ Step-By-Step Full Care Adult C.R.R. (24 hr. **Short term** Residential)
Main St.

____ Step-By-Step Full Care Adult C.R.R. (24 hr. **Long term** Residential).
Center St.

____ Salisbury House Supported Living Services (moderately staffed)
Stefko Apartments

____ LODGE **Bethlehem** (Resources for Human Development)

____ Step By Step Mobile Psych Rehab Service (non-Magellan only)

Referral Source:

Name: _____

Agency: _____

Address: _____

Phone #: _____

E-mail: _____

Supervisor's Approval: _____

Name: _____

Current Address/Last known Address:

Current Living Arrangement: _____

Current Phone: _____

Date of Birth: _____ **S.S.#:** _____

Marital Status: _____ **Gender:** _____

Education (highest grade completed): _____

Emergency Contact: _____

Phone: _____

Relationship: _____

Monthly Income: _____ **Source(s):** _____

Magellan #: _____ **NO** MA referred _____

Medicare #: _____ **NO**

Other Insurance #: _____

Representative Payee: _____

Phone: _____

Legal Charges (Past and Present): _____

Probation / Parole Officer Name:

Phone: _____

County Case# _____

(Circle if applicable)

ICM /ACT/Case Manager _____

(provider) _____

OR referred to: _____

Current Psychiatrist: _____

Location: _____ **Ph#:** _____

Diagnosis:

Axis I: _____

DSM IV code: _____

Axis II: _____

DSM IV code: _____

Axis III: _____

DSM IV code: _____

Axis IV: _____

Axis V: _____

Current Day Program: _____

Outstanding medical conditions / physical limitations: _____

Family Physician: _____

Phone: _____

Drug and Alcohol History:

Suicidal Behavior / Attempts:

History of Violence: _____

Decompensation Pattern: _____

Fire Setting History: _____

Past Agency / Hospital / Treatment Involvement:

Hospital / Agency / Treatment Facility Name & Address	Dates
_____	_____
_____	_____
_____	_____
_____	_____

REASON FOR REFERRAL: These programs are designed to teach independent living skills. What does this person need help with (i.e. personal hygiene, safety awareness, medication, housing keeping, cooking, budgeting, public transportation, scheduling appointments, structure and routine etc.)? Be specific as possible. Some programs provide more assistance than others. What level of supervision is needed – 24 hr. 16 hr. once a day, less? They are not intended to simply provide housing. If a consumer does not need instruction or support do not refer to these programs. For information about applying for an independent apartment call one of the Mental Health Housing Specialists at 610-829-4831 or 610-829-4835.

In order to expedite the referral process, please include the following (check if included):

- Most recent Psychiatric Evaluation
- Most recent Medical Examination
- Psychosocial History
- Results of Criminal Record Check
- Signed Releases of Information for any previous treatment involvement / hospitalization

THE ORIGINAL REFERRAL NEEDS TO BE SENT TO THE APPROPRIATE AGENCY AND TO NORTHAMPTON COUNTY (please check as completed):

Step By Step
 623 W. Union Blvd.
 Bethlehem, PA 18018
Attn: Christine Stendell
FAX#: 610-867-9217

Salisbury House
 1427 Chew St
 Allentown, PA 18102
Attn: Juanita Rivera
FAX#: 610-432-4255

Northampton County MH/MR
 2801 Emrick Blvd.
 Bethlehem, PA 18020
Attn: CRR / SLS Liaison
FAX #: 610-997-5837

Resources for Human Development – The Lodge
 425 -427 E. 4th Street
 Bethlehem, PA 18015
Attn: Ian Panyko
FAX 610-419-3087

*****When making a housing referral, please call the NC I&R Office to find out if the referred individual is Active to the County. If not, have the case activated at that time with the I&R department. The number is 610-829-4800. Housing referrals on this referral form will not be processed without the case being activated through I&R.**