

**NORTHAMPTON COUNTY C.R.R. / S.H. / LODGE/ MPRS REFERRAL FORM**  
**Please PRINT legibly**

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

**STEP 1:** If you have not already done so, contact the Northampton County Information and Referral (I&R) Department at 610-829-4800) to make a referral for Mental Health Housing. Demographic information and type of housing you are seeking will be gathered, so the consumer can be opened and active to the Agency. ***Date completed:*** \_\_\_\_\_

**NO housing referrals will not be processed without the case being activated through I&R.**

**STEP 2:** Please choose only 1, if unsure, fully explain the consumer's needs in Step 4, or call NC MH.

- \_\_\_\_ Step-By-Step Full Care Adult C.R.R- **Main St.** -Bethlehem.  
(24 hr. **Short term** Residential, 6-9 months)
  
- \_\_\_\_ Step-By-Step Full Care Adult C.R.R - **Center St.** -Bethlehem  
(24 hr. **Long term** Residential, 9 months +)
  
- \_\_\_\_ Salisbury Behavioral Health **Stefko Apartments**-Bethlehem  
(Supportive Living – staffed 16 hr, *Meaningful activity required*)
  
- \_\_\_\_ Resources for Human Development (RHD)- **LODGE**- Bethlehem  
(Supportive Living-meaningful activity required)
  
- \_\_\_\_ *Step By Step Mobile Psych Rehab Service (non-Magellan only)*

**Referral Source:**  
Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
**Supervisor's Approval:** \_\_\_\_\_

**STEP3:**

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: \_\_\_\_\_

County Case# \_\_\_\_\_  
(Circle if applicable)  
ICM /ACT/Case Manager \_\_\_\_\_  
(provider) \_\_\_\_\_  
OR referred to: \_\_\_\_\_

Current Psychiatrist: \_\_\_\_\_  
Location: \_\_\_\_\_ Ph#: \_\_\_\_\_

Diagnoses:  
ICD10 code: \_\_\_\_\_  
ICD10 code: \_\_\_\_\_  
ICD10 code: \_\_\_\_\_  
ICD10 code: \_\_\_\_\_

Current Day Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monthly Income: \_\_\_\_\_ Source(s): \_\_\_\_\_

Magellan #: \_\_\_\_\_ **NO** MA referred \_\_\_\_\_  
Medicare #: \_\_\_\_\_ **NO**  
Other Insurance #: \_\_\_\_\_  
Representative Payee: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Outstanding medical conditions / physical limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Family Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_

Legal Charges (Past and Present): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug and Alcohol History:

\_\_\_\_\_  
\_\_\_\_\_

Date of most recent use: \_\_\_\_\_

Probation / Parole Officer Name & Dept:

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

Suicidal Behavior / Attempts:

\_\_\_\_\_  
\_\_\_\_\_

History of Violence: \_\_\_\_\_

Symptomology: \_\_\_\_\_

Fire Setting History: \_\_\_\_\_

Past Treatment:

Agency / Hospital /reason

Dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STEP 4: Be as specific and detailed as possible to assure appropriate level of care.** (add additional paper if needed)

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.)? 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.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STEP 5: In order to expedite the referral process, the following documents must be included in the referral-**

Most recent Psychiatric Evaluation that *MUST* be dated within 12 months.

Copy of a Release of Information, signed by the consumer, for current treatment providers, Northampton County Mental Health and Step By Step (copy of a Release is attached, if needed)

**STEP 6: The original referral form and supporting documentation needs to be sent to the appropriate agency AND to Northampton County Mental Health - (please check as completed):**

**Step By Step – Main St & Center St.**

623 W. Union Blvd.  
Bethlehem, PA 18018  
Attn: Intake Department  
**FAX#: 610—882-2497**

**Salisbury House - Stefko**

3894 Courtney St., Suite 100  
Bethlehem PA 18017  
Attn: Carley Blanchard  
**FAX#: 610-391-1735**

**Northampton County Mental Health**

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**

**STEP 7: Review the entire form to assure all is completed and I&R was contacted.**