

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: _____

Monthly Income: _____ Source(s): _____

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

Medicare #: _____ **NO**

Other Insurance #: _____

Representative Payee: _____

Address: _____

Phone: _____

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: _____

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 #: 610-974-7596

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.