



RECOVERY EMPOWERMENT NETWORK (REN)
 MAIN OFFICE: 212 E. OSBORN RD. PHOENIX, AZ 85012
 (602)248-0368
REFERRAL FORM



ABOUT REFERRALS:

People being referred become members and are therefore eligible for all services REN provides. As a REN member, one can participate in groups, classes, community activities, and 1:1 peer support at any REN site. REN collaboration is mutually beneficial, so please indicate the goal or solution you are seeking to achieve as a member of REN.

Goal / Solution: _____

Member Applicant Name: _____ Guardian: _____

Address: _____ Apt. #: _____

City: _____ Zip Code: _____

Phone: _____ Date of Birth: _____

E-mail (optional): _____

By signing below, I give permission for REN and my clinical team to communicate regarding my coordination of services. I also give REN permission to contact me by any means of communication listed above and to leave a message if necessary.

Applicant / Guardian Signature: _____ Date: _____
 (By signing this you are agreeing to be contacted by any communication listed above.)

Clinic Name: _____ Case Manager: _____

Clinical Team Representative Name: _____

Title: _____ Supervisor Name: _____

Clinic Site: _____ PNO: _____

Phone: _____ E-mail: _____

Check the applicable box indicating eligibility: TXIX SMI NTXIX SMI

Clinical Member Referral Signature: _____ Date: _____
 (By signing you are providing authorization for REN to provide services to the person listed above.)

Please include the following documents to complete the referral and authorization for services and fax to (602)626-8379 or e-mail to membership@renaz.org.

- Demographic form or Facesheet
- Most Recent Part E (Assessment) with BHP signature or Affidavit
- Most recent Individual Service Plan ISP (Must be signed by individual or guardian)

Member services manager will contact the applicant for membership activation upon receipt of the documents listed above.