The Harmony House LLC – Sober Living Environment Unit/Program

Referral & Pre Admission Application Form

Please complete this referral form as accurately as possible. Submission of this referral does not guarantee admission. A Harmony House representative will review the referral and contact the applicant or referring party regarding next steps.

Referral Information
Referral Date:
Referral Source: (If Other/Explain Here) :
Agency:
Referring Staff Name:
Phone: Email:
Applicant Information
First Name: Middle Initial Last Name:
Date of Birth: Gender:
Phone: Email:
Current Address:
City: State: Zip:
Preferred Contact:
Emergency Contact
Name: Relationship:
Phone:
Current Living Situation
Current Residence: Other (If Applicable):
Expected Discharge Date (if applicable): Expected move in Date (To the HH):
Recovery Information
Primary Substance(s) of Choice:
Date of Last Use: Sobriety Date: Completed Detox?
Completed Rehabilitation other or after Detox?
(If Yes) Treatment Facility:
Recovery Program:
Currently in a treatment program: If Yes; When is Discharge Date: Treatment Facility Name: Phone #: Email:
Medical Information
Medical Conditions:
Current Medications:
Medication Management: ☐ Self ☐ Requires Assistance
Mobility Limitations? ☐ Yes ☐ No
Mental Health
Mental Health Diagnosis(es): _____
Receiving Mental Health Services? ☐ Yes ☐ No
Current Provider: _____
Legal Information
Legal Status:
Upcoming Court Dates:
Sex Offender Registration Required? ☐ Yes ☐ No
Outstanding Warrants? ☐ Yes ☐ No

Financial Information

Some of these questions may seem repedtitive, If they do not apply or you feel they have been answered under another section please put "NA" or Leave Blank. ONLY IF THEY HAVE ALREADY BEEN ANSWERED IN ANOTHER SECTION.

***ECM Management:** (If Applicable)*

Is the applicant currently enrolled in an Enhanced Care Management (ECM) Program?

If yes; ECM Agency Name:

Enhanced Care Manager (ECM) Name:

Phone: Cell: Email Address:

Is the ECM Agency the Primary Referral Source?

Has the ECM Agency authorized or approved this referral?

Will the ECM Program be assisting with funding?

Will the ECM continue providing services after admission to Harmony House?

What services will the ECM provide? (Check all that apply in Each Section)

Outpatient Services that Applicant receives outside of the Harmony House:	*Supports Wanted/Needed Through The Harmony House (SLE) / If The HH can provide these supports:*
☐ Care Coordination	☐ Community Support
☐ Medical Appointment Coordination	☐ Transitional Housing Support
☐ Behavioral Health	☐ BHRS Funding Assistance (If Applicable)
☐ Medication Management	☐ Other (If Other; Please List Below)
☐ Counseling / Sponsor	
☐ Lawyer / Public Defender Assistance	
☐ AA / NA Meetings	
☐ Public Transportation	
☐ Other; Please List:	

Insurance Information

Primary Insurance Provider:

Member ID:

Does the Harmony House Accept This Type of Insurance or will there be a separate billing Portal.

Secondary Insurance:

Secondary Member ID:

Funding Source:
(If Other, Please List Here):

Assistance Agency (if applicable)

Agency Name:

Program Name:

Case Manager/Care Coordinator:

Phone: Email:

Housing Sponsorship

Is another organization paying for the client's stay?

(If Yes) Sponsoring Agency:

Contact Person:

Phone: Email:

Authorized Rate:

Authorization Number:

Approved Dates: TO

If funding ends, becomes unavailable, or Applicant no longer qualifies for funding assistance
Who is responsible for HH Program Payment?

Program Eligibility

Valid Photo ID?

Working Cell Phone?

Able to perform Activities of Daily Living independently?

Can independently handle their own Medication handling and Administration?

Is Mentally Stable?

Can safely live in a shared sober living environment?

Additional Information
Please provide any additional information that may assist with determining eligibility:
Required Documents
☐ Photo ID
☐ Insurance Card
☐ Medication List
☐ Hospital/Treatment Discharge Paperwork
☐ Court/Probation Documents (if applicable)
☐ Recent Drug Test (if available)
☐ Other (if applicable)
Certification
I certify that the information provided is accurate to the best of my knowledge. I understand that submission of this referral does not guarantee admission into The Harmony House Sober Living Environment.
SIGNATURES
Applicant/Referral Source Signature: Date Signed:
Person Who Signed; Please Print Name Here: _____