NEW HORIZON
Community Care

"Share the values you grew up with"

Referral Cover Sheet

Thank you for inquiring about New Horizon Youth Homes Services. Attached is our Referral Packet. Please complete the Referral Form and send it along with the documents listed below. Having a complete referral packet will help us to being services as soon as possible.
This cover sheet is also serves as the fax cover sheet for your convenience.

To: NHCC Referral Coordinator
Phone: 480-722-2730
Fax: 480-664-4296
Email: **Outpatient@nhccservices.org**

From:
Date Sent:
Number of Pages:

Please attach the following required documents:

☐ **1.** Referral Face Sheet

☐ **2.** T/RBHA Treatment/Service Plan with specific services listed & RMBHS (signed by BHP and guardian.)

☐ **3.** T/RBHA Annual Behavior Assessment (reviewed and signed by BHP)

Magellan referrals must also submit: Current Strengths Needs & Cultural Discovery Assessment (SNCD), CASII score

Additional documents will be required to complete once referral has been accepted into the program.

Updated information that is not currently addressed in the Annual Behavior Assessment:

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Referral Face Sheet

Client Name:			
Current Residency/ Placement Address:			
City: State: Zip: Contact Phone Number:			
Client Date of Birth: Age: Gender: ☐Male ☐Female Client Ethnicity/ Race:			
Social Security Number:	Client Current Marital Status:	Is this a current client of NHCC? ☐Yes ☐ No	
Diagnosis Codes ICD 10:	Special Needs: ☐Yes ☐ No If yes please explain:	Preferred Language:	
AHCCCS ID Number:	AHCCCS Exp Date:		
Is CPS/TSS Legal Guardian: ☐Yes ☐ No	TSS/CPS Name:	TSS/CPS Contact Info:	
Legal Guardian Name(s):	Relationship to client:	Contact Info:	
Funding Agency/Source: Select	Case Manager:	Phone: Fax:	E-mail:

Please check all that apply:

Outpatient Programming:

Clinical Services:

- ☐ **Family Counseling**
- ☐ **Individual Counseling**
- ☐ **Choice Program**
- ☐ **Mentoring-ACHIEVE Program**
- ☐ **Intensive Mentoring-180 Program**
- ☐ **Adult Development Program** (must include counseling referral)
- ☐ **Adult Mentoring**

Presenting Issues/Goals:

Signature: Date: