CENTRAL BEHAVIORAL HEALTH CPS Referral Admission Criteria

Name:	_ Age: (<i>Must be 18+</i>) DOB:
Phone #:	Referral Completed by:
Agency:	Phone #:

Must have a SMI diagnosis and functional impairment in at least one of the four domains listed below:

Diagnosis:

(May require exception review by Montgomery County MH/DD and Magellan Behavioral Health)

Functioning Level:

Moderate to severe functional impairment that interferes with or limits role performance (*relative to the person's ethnic/cultural environment*) in at least 1 of the following domains:

□ Educational (*i.e. obtaining a high school or college degree*) □ Social (*i.e. developing a social support system*)

□ Vocational (*i.e. obtaining part or full time employment*) □ Self-maintenance (*i.e. managing symptoms*, *understanding their illness, managing money, living more independently*)

Co-existing condition or circumstance:

- 1. Co-existing diagnosis
 - □ Psychoactive Substance Use Disorder
 - Developmental Disability
 - □ HIV/AIDS
 - □ Sensory and/or Physical Disability
- 2. Homelessness
- □ Sleeping in shelters or places not meant for human habitation, e.g. cars, streets, abandoned buildings.
- 3. Release from criminal detention
 - □ Jail diversion □ Expiration of sentence/parole □ Probation □ Accelerated Rehabilitation Decision (ARD)

Briefly indicate reason for referral:

Reviewed and recommended by:	Date:
Print Name:	\Box Physician \Box Practitioner of the Healing Arts*
NPI # (optional):	
Please send completed referrals to:	Central Behavioral Health ~ 1100 Powell Street ~ Norristown, PA 19401 (610) 277-4600 Fax: (610) 275-0216
Date Team Leader received referral: _	
*Practitioner of the Healing Arts - A practition	er of the healing arts includes: a physician, a licensed psychologist, a certified registered nurse
practitioner or a physician's assistant, License	ed Professional Counselor, Licensed Marriage and Family Counselor, Licensed Clinical Social Wo