34 E. State St. Mt Morris, NY 14510
12 Allen St, Hornell, NY 14843

p: 585.585.447.8584
e: adult.services@dor.org
e2: brandy.swain@dor.org

Catholic Charities
Steuben/Livingston
Stronger Together

Adult Behavioral Health Home & Community Based Services and CORE Referral Form

Date of Referral: _____

Referring Person	First Name		Last Name	
	Agency Name		Phone #	
	Address		E-mail	
HH Care Mgr/ Service Coordinator Information	First Name		Last Name	
	Agency Name		Phone #	
	Address		E-mail	
HCBS Participant Information	First Name		Last Name	
	CIN. #		Address	
	Phone #		Alt. Phone #	
	E-mail		Date of Birth	
	Prim. Language			

HCBS Participant Health Care Information	MCO Name		Policy ID #	
	MCO Contact Name		MCO Telephone Number	
	MCO Contact E-mail		Medicaid CIN Number	
	Prim. Diagnosis & ICD 10 Code		Secondary Diagnosis & ICD 10 Code	

Any Known Safety Concerns? (Criminal Record, History of Violence, Weapons in the Home, Sex Offender, Bed Bugs, etc.): N/A ☐

	HCBS Service(s):		CORE Service(s):
	Habilitation		Psychosocial Rehabilitation
	Pre-Vocational Services		Empowerment Services (Peer Support)
	Ongoing Supported Employment		PSR w/Education
	Intensive Supported Employment		PSR w/ Employment
	Education Support		Family Support and Training

Any Identified Service Restrictions Surrounding Client Availability? N/A ☐

Date Received **Date assigned**

LPHA **SIF form** **Worker**