



"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: NHYH Referral Coordinator

Phone: 480-722-2730

Fax: 480-664-4296

Email: residential@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)

All AHCCCS complete care plan funded 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.

This fax is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you have received this fax in error please notify the sender and destroy this message.



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Referral Face Sheet

Client Name:		Referral Date:	
Client Current Placement:			
City:	State:	Zip:	Phone Number:
Client Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Client Ethnicity/ Race: Select
Social Security Number:	Clients last TB test:	Current Medications:	
Client Allergies:	Special Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Language:	
If yes, please explain:			
Diagnosis Codes ICD 10:			
AHCCCS ID Number:		AHCCCS Exp Date:	
Is CPS/TSS involved: <input type="checkbox"/> Yes <input type="checkbox"/> No	TSS/CPS/ Guardian Name:	Relationship:	
Funding Agency/Source:	Case Manager:	Phone:	E-mail:
		Fax:	
Presenting Issues/ Goals:			
Signature:		Date:	