Staff Use Only-Funding Source_____
Date Received:_____

Please Check One:
Child & Adolescent Services ☐
Adult Service ☐

Alliance
Every person matters.

Targeted Case Management Referral Form

Date:_____

Consumer Name:_____

Consumer Address:_____

City, State, Zip:_____

Phone:_____

Parent/Guardian if child consumer:_____

Emergency Contact & Number:_____

Consumer Employer/School:_____

Social Security #:_____/_____/_____ DOB:_____/_____/_____

Gender: M/F Race:_____ Hispanic: Y/N Veteran: Y/N

Primary Insurance: _____M/A _____Medicare _____Other

Medical Assistance #:_____ Approximate date applied:_____

Individual is at risk of (must meet one of the below):

For Adults	**For Children & Adolescents**
1. Psychiatric Hospitalization	1. Psychiatric Hospitalization
2. Incarceration	2. Treatment in an Residential Care Facility
3. Homelessness	3. Out of Home Placement due to multiple mental health stressors

Please provide details: _____

_____

Psychiatric Diagnosis
(Diagnosis must meet priority population criteria. If individual is not currently in treatment Alliance will work with the individual to access treatment and obtain diagnostic information.)

Diagnosis: _____ Date: _____

Name of Diagnostician: _____ Provider Number: _____

Signature and Credential of Diagnostician: _____

Address: _____

Phone: _____

Case Management Services Needed:

____Birth Certificate	____SSN Card
____ID Card	____Transportation Resources
____Food Stamps	____Utility Assistance
____Eviction Prevention	____Housing Search Assistance
____Income/Entitlements	____Income/Employment
____Insurance	____Psychiatrist/Therapist
____Primary Care Physician	____Substance Abuse Services
____Social Supports	____Ongoing therapeutic Supports
____Education/GED	____Other:

Referral Source:_____

Agency:_____

Phone:_____ Fax:_____

Signature:_____

Please Fax To Appropriate County

Alliance Case Management **Baltimore County** 7701 Wise Avenue Dundalk, Maryland 21222 Fax: 410-282-1788 Phone: 410-282-5900	**Alliance Case Management** **Howard County** 10632 Little Patuxent Parkway Columbia, Maryland 21044 Fax: 410-992-0180 Phone: 410-992-4994	**Alliance Case Management** **Harford County** 15 S. Parke Street Aberdeen, Maryland 21001 Fax: 410-273-2085 Phone: 410-273-1399