

Shalom House, Inc.
106 Gilman Street
Portland, Maine 04102

PROFESSIONAL REFERRAL

- For Community Integration Services
- Community Rehabilitation Service (CRS)/Cumberland County Supported Housing

For CRS please select one of the following:

- Brackett St.
- Congress St.
- Spring St.
- Brannigan House
- Vaughan St.
- Own Apartment

Date _____

Client Name _____

Date of Birth _____

SS# _____

Address _____

Phone _____

MaineCare Yes No

MaineCare # _____

Medicare Yes No

Medicare # _____

Marital Status _____

Employment Status _____

Veteran Status _____

Income _____

Male/Female/TG _____

Income Source _____

Class Member: Yes No

Primary Language _____

Citizenship Yes No

Education Level _____

Guardian Yes No Guardian name _____ Phone _____

Rep. Payee _____ Phone _____

PCP _____ Agency _____ Phone _____

Psychiatrist _____ Agency _____ Phone _____

Therapist _____ Agency _____ Phone _____

Referred by _____ Agency _____ Phone _____

Reason for Referral (include current situation and why this person needs this services):

How often does the consumer need program contact? (CRS only)

Why does he/she need this frequency? (CRS only)

Hospitalization History (include dates): _____

Medical Conditions/Allergies: _____

Substance Abuse History: Yes No

Currently Using: Yes No

If yes, describe _____

Current Medications: _____

History of harm to self/others (include dates): _____

Describe any legal involvement (include probation): _____

What strengths has the individual demonstrated: _____

All applications must include the following information:

Client Name: _____ Date of Birth: ___/___/___

DSM-IV Name:

Diagnostic Code:

AXIS I _____

AXIS II _____

AXIS III _____

- AXIS IV Problems related to the Interaction w/Legal System Educations Problems
- Housing Problems Occupational Problems Problems related to the Social Environment
- Other Psychosocial and Environmental Problems with access to Health Care
- Economic Problems Problems with Primary Support Group

AXIS V (GAF Score) _____

(Notice: GAF Score must be 50 or below to qualify for Community Integration Services)

Note: A Locus score of 17 is required for CI service and a Locus score of 20 for CRS. We will score this.

Note: To be eligible for Section 17 Community Integration services, an individual must be a class member or have at least one of the following consequences that result from signs and symptoms of the client's psychiatric diagnosis*(see footnote, below)

- ___ Has become homeless or is at risk of losing his or her current residence.
- ___ Is causing repeated disturbances in the community because of poor judgment or bizarre, intrusive, or ineffective behavior.
- ___ Is at great risk of arrest because of behavior which results from his or her psychiatric diagnoses, or is presently incarcerated because of such behavior.
- ___ Presents a clear risk of harming self or others without Community Support Services.
- ___ Manifests great difficulty in caring for self, posing a threat to his or her life or limb, without Community Support Services.
- ___ Would deteriorate clinically to a point of needing immediate medical or psychiatric hospitalization in the absence of prompt Community Support Services.

Signature of Diagnosing Clinician (must be MD, LCSW, LMSW, LCPC, PhD, APRN, NPC or DO)

Date diagnosis administered
(must be made within the last 12 months)

PLEASE PRINT NAME AND CREDENTIAL

Agency/Facility/Practice

*Please note that the diagnosis must be other than:

- a. Delerium, dementia, amnestic, and other cognitive disorders/
- b. Mental disorders due to a general medical condition, including neurological conditions and brain injuries;
- c. Substance abuse or dependence;
- d. Mental retardation;
- e. Adjustment disorders; V-codes; or
- f. Antisocial personality disorders.