COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT
Kathleen Torella, Director

Spokane County Counseling and Recovery Services (CAReS)
312 W. 8th Avenue, Spokane, WA 99204
Telephone: 509-477-4388 / Secure Fax: 509-477-3615

Therapeutic Services Referral

Referral Date: _____ **Referent name/number:** _____

Individual's Full Legal Name: _____ **Date of Birth:** _____

Social Security Number: _____ **Email:** _____

Apple Health Managed Care Plan: ☐ Molina Healthcare ☐ Amerigroup

☐ Community Health Plan of Washington (CHPW)
*In order to be eligible for services through CAReS individuals must have Medicaid and be enrolled with one of the above health plans.

ProviderOne Number: _____ **Medicare:** ☐ No ☐ Yes

Current Physical Address: _____

Current Mailing Address: _____

Phone Number: _____ *permission to leave messages at this number?* ☐ Yes ☐ No

Alternative Contact Information: _____

How did you hear about our program/services? ☐ Website ☐ Friend ☐ Family ☐ Physician*

☐ Behavioral Health Provider* ☐ Health Plan ☐ Other: _____

*Please complete a Release of Information for Physicians and Behavioral Health Providers.

Guardian/POA (if applicable): _____

Emergency Contact Name: _____ **Phone Number:** _____

Permission to Contact ☐ Yes ☐ No

Any special accommodations (wheelchair, interpreter, etc)? If yes, please describe: _____

_____

CAReS Therapeutic Services Requested (select one or more):

☐ Individual Therapy ☐ Family Therapy ☐ Group Therapy ☐ Peer Support

For the Supportive Living Program (SLP), Housing and Recovery Through Peer Services (HARPS), or the Community Integration Program (CIP) please complete either the SLP self-referral form or the SLP provider referral form.

Note: Please include a signed Consent to Release Confidential Information (ROI) with the Referral Form for any referrals from covered entities.