



**For Adult Referrals:**  
Phone: (315) 788-7430  
Fax: (315) 777-9770  
Email: [adultcarecoordination@chjc.org](mailto:adultcarecoordination@chjc.org)

**For Children's Referrals:**  
Phone: (315) 788-7430  
Fax: (315) 777-9770  
Email: [childrencarecoordination@chjc.org](mailto:childrencarecoordination@chjc.org)

### Care Coordination Referral Form

- Care Coordination   
  Adult   
  Child  
 Community Oriented Recovery and Empowerment Services (CORE)   
  CPST   
  PSR

#### DEMOGRAPHICS

Date of Referral:	Date of Birth:	Gender:
Name (Last, First, MI.):		
Address:		Phone:

#### INSURANCE

Medicaid CIN #:	Managed Care Organization
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#### CONSENT TO REFER (Children only)

CONSENT TO MAKE THIS REFERRAL MUST BE OBTAINED FROM THE PARENT/GUARDIAN/LEGALLY AUTHORIZED REPRESENTATIVE FOR CHILDREN UP TO THE AGE OF 18. CHILDREN/YOUTH AGES 18-21, OR THOSE WHO ARE MARRIED, A PARENT, OR PREGNANT, MAY CONSENT ON THEIR OWN BEHALF. Who has provided you with consent to make this referral?

<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Legally Authorized Representative	<input type="checkbox"/> Child/Youth (18 - 21 yrs. old, Parent, Pregnant or Married)
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Name of Consenter:	Signature:
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### ELIGIBILITY (Adult and Child)

#### Appropriateness Criteria (Check all that apply)

- ADVERSE EVENTS RISK: Member recent inpatient/ED/psychiatric hospital/Detox within the last 6 months.
- ADVERSE EVENTS RISK: Member recent out of home placement (foster care, relative, RTF, RTC, etc.) within the last 6 months.
- ADVERSE EVENTS RISK: Member recently diagnosed with a terminal illness/condition within the last 6 months.
- ADVERSE EVENTS RISK: Released from Jail/Prison/Juvenile detention, involved with Probation, PINS, Family Court within the last 6 months.
- HEALTHCARE RISK: Member does not have a healthcare provider or specialist to treat a chronic health condition
- HEALTHCARE RISK: Member has not seen their provider (e.g., PCP, BH, etc.) in the last year
- READMISSION/RECIDIVISM RISK : Released from inpatient Medical, Psych, or Detox within the last 6 months.
- SOCIAL DETERMINANTS RISK: Currently cannot access food due to financial limitations or ability to shop or access food site, dietary restrictions, etc.
- Direct referral from MCO, SPOA, Adult/Child Protective Services/Preventive Services Program
- HealthCare Risk: Member (or guardian) is unable to appropriately navigate the healthcare system for the member's chronic conditions.

**Please attach all supporting documentation including diagnosis/qualifying condition**

#### REFERRAL SOURCE

Name:	Organization:	Phone:
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