



**Horizon Health Services Care Coordination Referral Form
Niagara County**

Contact Number (716) 285-0637 FAX Number (716) 285-0638

Enrollee Name: _____

Medicaid ID: _____

Enrollee DOB: _____

Enrollee Phone: _____

Other Phone Number Enrollee Can Be Reached: _____

Enrollee Address: _____

Reason for Referral: _____

Needs:

- | | | |
|--|--|--|
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Inadequate housing | <input type="checkbox"/> Inadequate food |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Lack of Natural Supports | <input type="checkbox"/> Lack of daily living skills |
| <input type="checkbox"/> Unaddressed Physical Health Needs | <input type="checkbox"/> Unaddressed Behavioral Health Needs | <input type="checkbox"/> Transition from Hospital |
| <input type="checkbox"/> Non-Adherence to Treatment | <input type="checkbox"/> Non-Adherence with Medications | <input type="checkbox"/> Repeated ER / Inpatient Use |
| <input type="checkbox"/> Transition from incarceration in the last 12 months | | |
| <input type="checkbox"/> Lack or inadequate connection with Outpatient Care | | |

Safety:

- | | | |
|--|--|--|
| <input type="checkbox"/> Hx of Violence and/or Assault | <input type="checkbox"/> Homicidal Ideation | <input type="checkbox"/> Suicidal Ideation |
| <input type="checkbox"/> Active Substance Abuse | <input type="checkbox"/> Unsafe Living Environment | |

2 Chronic Health Conditions:

- | | | | | |
|---|--|--|----------------------------------|---|
| <input type="checkbox"/> Mental Health Condition – Diagnosis: _____ | <input type="checkbox"/> Substance Use Disorder – Substance: _____ | | | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> BMI >25 | <input type="checkbox"/> Other Chronic Condition: _____ |

Serious Mental Illness: Yes No Diagnosis: _____

HIV / AIDS: YES NO

REFERRING PERSON: _____

DATE: _____

CONTACT NUMBER: _____

AGENCY: _____

PLEASE FAX FORM TO (716) 285-0638