**MED Referral**

Email to: Med.SPD@odhsoha.oregon.gov

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| **Basic Demographic Information** |
| Applicant’s name: | Click here to enter text. | Age: | Click here to enter text. |
| Prime #: | Click here to enter text. | Language: | Click here to enter text. |
|  | Interpreter: | [ ]  Yes [ ]  No |
| Case Manager name, phone #, and email: | Click here to enter text. | Gender/pronouns: |  |
| Setting address if different from 002N (for appt.): | Click here to enter text. | Impairment: | Vision:[ ]  Yes [ ]  No |
| Impairment: | Hearing:[ ]  Yes [ ]  No |
| Setting type (in-home, AFH, etc.): | Click here to enter text. | Applicant’s Representative/Guardian phone #: | Click here to enter text. |
| **All contact information for applicant (phone number, email**): | Click here to enter text. | Referral date: | Click to enter a date. |

* Have there been previous MED referrals or decisions? ☐ Yes ☐ No
* Have there been any past services approved? [ ]  APD [ ]  MH [ ]  ODDS
* Are there any services currently approved? [ ]  APD [ ]  MH [ ]  ODDS

Which APD program are they applying for (OPI-M or Title XIX)? Click here to enter text.

* **Referrals must include either medical records or releases of information** authorizing Maximus to request records from all current providers.
* **Referrals must have a current completed assessment** (within the last three months) and include the 002N.

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| **Other Contacts** |
| **Name** | **Title** | **Phone #** | **Email** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| **Records Included** |
| **Provider name** | **Dates** |
| Click here to enter text. | Click to enter a date. |
| Click here to enter text. | Click to enter a date. |
| Click here to enter text. | Click to enter a date. |
| Click here to enter text. | Click to enter a date. |

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| **Case Summary (Required)** |
| **Include information from case synopsis, current and requested placement information, any current or past coordination with MH, why the individual is being referred at this time, any other documentation that is pending, and an explanation of why documentation does not exist, been obtained, or requested, etc.** |
| Click here to enter text. |

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| **Authorizing Signatures** |
| CM: | Click here to enter text. | Date: | Click to enter a date. |
| Supervisor: | Click here to enter text. | Date: | Click to enter a date. |