

Referral Form



E-mail your referral to: michelle.palmer@projecttransition.com

Primary Diagnosis Code:

Member Name:

Member DOB:

Member Social Security Number:

MCO Member #:

Member Currently Resides: Independently With Family/Friends Supported Living Environment

Other, Specify: _____

Facility/Provider Name (if applicable):

Member Address:

City:

State:

Zip:

Member Phone:

Member's Primary Caregiver:

Relationship To Member:

Primary Caregiver Contact Info:

Phone:

Alternate Phone:

Email:

Street Address:

Member's Conservator (if applicable):

Conservator is: Family/Friend Professional/Legal Relationship Only

Conservator's Street Address:

Phone:

Alternate Phone:

Email:

Member's PCP Name:

Practice Location/Name:

Street Address:

Phone:

Fax:

Email:

Referral Form

Member Name:

Date of Referral:

SOS Program

Memphis

Nashville

Chattanooga

Knoxville

Referral from (DCS, TennCare, other Provider):

Referral Contact Info:

Phone:

Alternate Phone:

Referral Email:

Reason for Referral: (Check all that apply. Summarize events for the last six months on each item.)

Hospitalizations:

Behavior-Related ED Visits:

Behavior Respite Stays:

Intensive Behavior Residential Services (IBRS) &/or Harold Jordan Center Admissions:

Law Enforcement Involvement/Incarceration:

Housing At-Risk Due to Behavior:

Single Placement, 2:1 Supervision:

Other Behavioral Safety Procedures Used:

Calls to Mobile Crisis:

Over the last two months (60 days), the member has experienced at least two crisis events requiring any of the items checked above

Referral Form

Member's Behavioral Health Provider Name:

Practice Location/Name:

Street Address:

Phone:

Fax:

Email:

Contact Person:

Receiving HCBS Waiver Service: Yes No

Specify Waiver Service:

Member's DIDD ISC Name *(if applicable):*

Street Address:

Phone:

Fax:

Email Address:

Member MCO: Amerigroup Blue Cross Blue Shield United Health Care

SOS Liaison's Name:

SOS Liaison's Phone:

Fax:

SOS Liaison's Email:

Referral Documentation Attached:

- Last 2 years of Member's Medication History
- Last 2 Years of Member's Claims History
- Last 2 Years of Member's Clinical History
- Last 12 Months of Member's Crisis Contact History
- List of Member's Paid Supports
- List of Member's other Known Supports

Contact Us

For any questions please email michelle.palmer@projecttransition.com or call 865-591-8960