

REFERRAL FORM - CONTRA COSTA RYAN WHITE SERVICES

Medical Case Managers will fill out this form the first time you are referring a client to ANY of the Services listed below.

Please attach the ARIES Identifier Page with this referral!!

Date of Referral: _____

Client Name: _____ Client Telephone: _____

Client Address: _____

Service Requested (Check only One – Use a separate Sheet for Each Referral):

- | | | | |
|--------------------------|----------------------------|--|--|
| <input type="checkbox"/> | Food Bank Services | Food Bank of CC/Solano | Attn. Teri Leichenger |
| | | Fax 925-674-8090 | |
| <input type="checkbox"/> | Health Education/Risk Red. | ___ CC AIDS Prog. | Fax 925-313-6798 Attn. Derelle Hill |
| | | ___ RCC | Fax 925-692-0091 Attn. Marcos Apolonio |
| <input type="checkbox"/> | Housing Services | Contra Costa Interfaith Housing | |
| | | Fax 925-944-2248 | |
| | | ___ East/Central County | Attn. Shawny Flores |
| | | ___ West County | Attn. Angela Moore |
| <input type="checkbox"/> | Legal Services | Bay Area Legal Aid | Fax 510-236-6846 Attn. Bob Capistrano |
| <input type="checkbox"/> | Medical Nutrition Therapy | Food Bank | Fax 925-476-1123 Attn. Michele Castano |
| <input type="checkbox"/> | Medical Transportation | Cabulance | Fax 925-355-1351 Attn. Rachel Tyzick |
| <input type="checkbox"/> | Mental Health Services | YWCA | Fax 925-372-4216 Attn. Nancy Atkinson |
| <input type="checkbox"/> | Nurse Case Management | CC AIDS Prog. | Fax 925-313-6798 Attn. Natalya Sturtz |
| <input type="checkbox"/> | Substance Abuse Services | ___ YWCA | Fax 925-372-4216 Attn. Nancy Atkinson |
| | | ___ RCC | Fax 925-692-0091 Attn. Tech Tran |

Summary of client need for referral or other important information:

Please verify that client is eligible for services:

- Yes - letter of Diagnosis on file with Medical Case Manager (MCM) **and** entered in ARIES
- Yes - client is a Contra Costa County Resident with proof on file with MCM
- Yes - client ARIES Consent with "yes" to share is on file with MCM **and** entered in ARIES
- Yes - TB clearance in ARIES and/or attached (*Required For Transportation Referral*)
- Yes – Medical Provider Referral for Medical Nutrition Therapy Provider Signature _____
(*Medical Nutrition Therapy only*)
- Yes - Attached ARIES Consent for Service Being Referred to

Last Care Plan Update (should be within 6 months): _____

Medical Case Manager Name: _____ **Contact Number:** _____

Special instructions for use of updated referral form for Contra Costa Ryan White Services

Housing

- **Additional Info Required:** There is additional information that the Housing Advocates need to process the referral. MCM should ensure that ARIES is updated with the following items (Income, photo ID, poverty status, substance abuse and mental health assessment, living situation, last medical appointment, etc.) so that the Housing Advocate can gather the necessary information to assist the client.
- **Case Notes Section:** The medical case manager should also use the case notes section to list additional information that is important for the Housing Advocate to know and which may be necessary for the agency receiving the referral e.g. certification of housing need or other information beyond what fits on the 2 lines provided on the referral form.

Behavioral Health – Mental Health & Substance Abuse

- **Additional Info Required:** The mental health service provider needs accurate information about insurance status, in order to determine whether they should bill Medi-Cal or the Ryan White Program. The provider will be pulling this information directly from ARIES Insurance Screens. Please be sure that the insurance field in ARIES is up to date at the time of the mental health referral to facilitate the mental Health referral and payment for service.

Emergency Financial Assistance (Including Dental Services or Vouchers)

- Referrals for emergency financial assistance should continue to use the appropriate referral form.

Medical Nutrition Therapy (MNT)

- Referrals for MNT must be signed off by the medical provider. Have Medical Provider sign referral form on line provided.

****All Referrals****

- Please fill in the ***Last Care Plan Update*** field on the referral form. If a care plan has not been completed in the last six months, please update the plan remembering to integrate the referral into the overall care plan for the client.