|  |
| --- |
| **REQUEST FOR BERKS COUNTY FUNDED SERVICE(S)-All of the below fields are requested to be completed. If the consumer wishes to remain anonymous, please complete as many fields as possible.** |
| **Name of Referred Individual (First, last and middle name):** Click here to enter text. |
| **Date of Birth (mm/dd/yy):** Click here to enter text. | **Social Security Number:**  |
| **Address (Street/ city/state and zip code):** Click here to enter text. |
| **Date of SAP Assessment (mm/dd/yy):** Click here to enter a date. **Telehealth Date of Collateral Contact/CC (mm/dd/yy):** Click here to enter a date.**# of Assessment Units provided (1 unit = 15 minutes):** Click here to enter text. **# of CC Units provided (1 unit = 15 minutes):** Click here to enter text. **Assessment provided via Telehealth: Yes (Circle)** **SAP Provider’s Name (add) -** Click here to enter text. |  |
| **School District Name (No selection/please add) -** | **Individual’s Current Insurance Coverage:** Medical Assistance[ ]  CCBH[ ]  Commercial/Private[ ]  Other[ ]  None/Unknown [ ]   |
| **Individual’s Diagnostic Impression (based on ICD 10 codes), if known:** Click here to enter text. |
| **Electronic Version- Form Completion**: Please select the applicable option for each category.  **Manual Version: Form Completion**: Please mark the applicable option for each category. NOTE: **Primary language must be typed into the text field if using the electronic version or handwritten on the form if completing it manually.**  |
| **Primary Language (No selection/please add) - Gender -** Male [ ]  Female [x]  |
| **Race -** American Indian [ ]  Asian/Pacific Islander [ ]  Black [ ]  Native Hawaiian [ ]  White [ ]  Other/Not Volunteered [ ]  |
| **Ethnicity -** Hispanic or Latino [ ]  Not Hispanic or Latino [ ]  Unknown [ ]  |
|  |
| **Citizenship –** Illegal Alien [ ]  Permanente Alien [ ]  Refugee [ ]  Refugee Minor [x]  Temp. Alien [ ]  US Citizen [ ]  |
| **Marital Status –** Divorced [ ]  Divorced/Receiving Spousal Support [ ]  Married/Not Separated [ ]  Never Married [ ]  Remarried [ ]  Separated [ ]  Widow/Widower [ ]  |
| **Veteran Status –** Active Military Discharged [ ]  National Guard/Reserve [ ]  Non-Veteran [ ]  Veteran [ ]  |
| **Living Situation –** Assisted Living Residence [ ]  Children Residence [ ]  Cluster Sharing Living Arrangement [ ]  Community Home (MR) [ ]  Community Residential Rehabilitation [ ] Correction/Detention [ ]  D/A [ ]  Domiciliary Care [ ]  Family Living [ ]  Friend’s Home [ ]  Group Home [ ]  Homeless [ ]  ICF/ORC [ ]  LTSR [ ]  MAX CRR [ ]  Nursing Home/Facility [ ]  Other [ ]  Other Indep. Living [ ]  Own Residence [ ]  Personal Care Home [ ]  PCH – Specialized/Enhanced [ ]  Private ICF/MR [ ]  Relative’s Home [ ]  State MH Hospital [ ]  State-Operated ICF/MR [ ]  Supported Living [ ]  Temporary Shelter [ ]  |
| **Vocational/Education Status –** Competitive Employment: Full Time [ ]  Part Time [ ]  Meaningful Activity: Other [ ]  Retired [ ]  Seeking Employment [ ]  Volunteer [ ]  No Activity [ ]  Other [ ]  Training/Education (Student) [ ]  Unknown [ ]  Work Program: Other [ ]  Sheltered Employment [ ]  Sheltered Workshop [ ]  |
| **Employment –** Disabled [ ]  Full Time [ ]  Homemaker [ ]  Institutional [ ]  Other [ ]  Part Time [ ]  Retired [ ]  Student [ ]  Unemployed [ ]  Unknown [ ]  |
| **Education –** 0-5 Years Completed [ ]  10-12 Years Completed [ ]  13 Years Completed [ ]  6-9 Years Completed [ ]  Preschool [ ]  Unknown [ ]   |
| **PLEASE email this form to the Provider Relations Department at:** SAMBerksAdmin@sam-inc.org or Cyndi Behney at: [cbehney@sam-inc.org](file:///%5C%5Celcamino%5Cshares%5Ccommon%5CAdmin%20Dept-Berks%5CSAP%5CSAP%20Request%20Forms%5Ccbehney%40sam-inc.org). Rvsd. 8/30/21 cbc |