

Referral Packet - PA and NJ Programs



Please send referral back to pfetterly@keycommres.com

If you have any questions Please contact Paige Della Camera our admissions coordinator at pfetterly@keycommres.com or 570-702-8048.

CONFIDENTIAL

Persons completing this document and the persons receiving the disclosed information may only further disclose consistent with the authorized purpose for which it is intended or disclosed (MH 1748-[3]).

Please answer the following questions related to the consumer:

Referral Name:		DOB:		Age:	
		Sex:			
County of Funding:		Approved Funding Source:			
Referred by:		Contact information:			
Services:	<input type="checkbox"/> Residential <input type="checkbox"/> Behavioral Support <input type="checkbox"/> Community Participation Supports <input type="checkbox"/> Life Sharing / Family Living <input type="checkbox"/> Employment Supports <input type="checkbox"/> Supporters Broker <input type="checkbox"/> In-home and Community/ Campion <input type="checkbox"/> Supports Coordination- NJ ONLY <input type="checkbox"/> Other: _____				
Desired Service Location:					
Reason for Referral:					

Referral Packet - PA and NJ Programs



Guardianship Status:	<input type="checkbox"/> Self <input type="checkbox"/> Other: Guardian Name and relationship
Representative Payee	<input type="checkbox"/> Self <input type="checkbox"/> Other: Guardian Name and relationship

Diagnosis:

Diet:

Allergies:

Medications: (current medications. Please list below or attach a list)

Referral Packet - PA and NJ Programs



Referral Packet - PA and NJ Programs

Medical Summary:

Past Hospitalization (medical and Psychiatric):

Psychiatric Presentation:

Please attach the following required documents if available:

- Current Individual Support Plan (for all Services)
- Current SIS Assessment
- Guardianship Paperwork
- Current Psychiatric Evaluation
- Any Psychological Assessments
- Life Time Medical information
- Current Physical/Immunization Record
- Upcoming Medical/Dental Appointments
- Current Medication List/Current Prescriptions
- Behavior Plan, if applicable

Thank you for your referral!
We look forward to serving you, the individual and the community.