

## Client Referral and Service Request Form

### Confidentiality Statement

Information submitted on this form is confidential and used solely for coordination of care, eligibility determination, and service planning in accordance with applicable privacy laws and organizational policies.

### How to Submit This Referral

Submit completed referral by Fax: 410-366-8942 or Email: [client.referrals@peponline.org](mailto:client.referrals@peponline.org)

### Section 1: Referral Information

Referral Date:

Person Seeking Services Name:

Referral Source Name:

Organization (if applicable):

Relationship with Person Seeking Services:

- Self
- Family Member
- Friend/Peer
- Healthcare Provider
- School/Educational Staff
- Community Organization
- Criminal Justice/Court System
- Other:

Referral Source Contact Information

Phone:

Email:

### Section 2: Presenting Needs and Referral Request

What services are requested?

- Assertive Community Treatment (ACT)
- Forensic Assertive Community Treatment (FACT)
- Health Homes
- Residential Rehabilitation Program (RRP)
- Transitional Age Youth (TAY)
- Deaf Unity
- Supportive Living
- Psychiatric Rehabilitation Program (PRP)
- Group Practice
- Targeted Case Management
- Homeless Services
- Baltimore Comprehensive Overdose Response to End the Epidemic (BCORE)

Affordable Housing Support

Preferred Service Location/County

Baltimore City

Baltimore County

Montgomery County

Prince George's County

Anne Arundel County

Preferred Start Date:

Brief Description of Current Concerns or Needs:  
Immediate Needs (check all that apply)

Housing

Food Assistance

Financial Assistance

Medical Care

Medication Support

Transportation

Safety Concerns

Crisis Support

Other:

Are services court-ordered?

Yes

No

If yes, please explain:

### Section 3. Personal Information

First Name:

Middle Initial:

Last Name:

Preferred Name/Nickname:

Date of Birth:

Social Security Number (optional if not required): Click or tap here to enter text.

Current Housing Situation:

Stable/Permanent Housing

Temporary Housing

Staying with Friends/Family

Shelter

Unhoused

Transitional Housing

Other:

Address:

Street Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

Preferred Method of Contact

- Phone
- Text
- Email
- No Preference

Preferred Language:

Interpreter Needed?

- Yes
- No

If yes, language requested:

#### Section 4: Identity and Demographics

Gender

- Woman
- Man
- Non-binary
- Transgender Woman
- Transgender Man
- Genderqueer / Gender non-conforming
- Prefer to self-describe
- Prefer not to answer

Pronouns

- She/Her
- He/Him
- They/Them
- Other:
- Prefer not to answer

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to answer

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Multiracial
- Prefer not to answer

Veteran Status

- Yes
- No
- Prefer not to answer

## Section 5: Insurance and Benefits

### Insurance Coverage

Medicaid Number:

Medicare Number:

Other Insurance Provider:

### Current Sources of Monthly Income or Benefits

Employment Income Amount:

SSI Amount:

SSDI Amount:

TANF Amount:

SNAP/Food Benefits Amount:

Unemployment Amount:

WIC Amount:

Energy Assistance Amount:

No Current Income Amount:

Other Amount:

## Section 6: Emergency Contact

Emergency Contact Name:

Relationship:

Phone Number:

## Section 7: Health and Wellness Information

Current Medical, Mental Health, or Substance Use Diagnoses:

Current Health Concerns or Medical Conditions:

Allergies (including medication allergies):

Current Providers

	Primary Care	Mental health	Substance Use	Dental	Specialist
Name					
Practice					
Address					

Phone					
Fax					
Email					

Date of last physical exam:

Date of last dental exam:

Date of last GYN exam (if applicable):

Date of last hearing exam:

Date of last vision exam:

o Wears glasses:  Yes  No

Current Medications

Medication	Purpose	Dosage/Frequency

Medication support needed?  Yes  No

Health Service History (Please list any current or past treatment, recovery, medical, behavioral health, or supportive services received.)

Date of Service	Facility or Organization	Type of Service	Reason for Service

## Section 8: Substance Use and Recovery

Current or Past Substance Use Concerns:

Current Recovery Supports or Treatment:

Client's Perspective on Recovery Goals or Treatment:

## Section 9: Mental Health and Safety

Current emotional, behavioral, or safety concerns (Include any concerns related to emotional distress, thoughts of self-harm, thoughts of harming self or others, aggression, impulsive behavior, or significant changes in functioning):

- Suicidal thoughts
- Self-harm concerns. If yes:
  - Number of suicide attempts:
  - Date of Last suicide attempt:
- Aggressive behavior concerns
- Safety concerns in living environment
- No known concerns
- Other:

Has the individual experienced trauma or significant life stressors they would like services to consider?

- Yes
- No
- Prefer not to answer

If yes, please explain:

## Section 10: Legal and Community Support Information

Is the individual currently involved with:

- Probation. If so, requirements:
- Parole. If so, requirements:
- Mental Health Court
- Conditional Release
- Open Legal Case. If so, explain:
- Drug Screens Required:
- Other:
- None

Are there legal requirements that may affect services?

- Yes. If yes, explain:
- No

Legal Contact (if applicable)

Name:

Agency:

Phone:

## Section 11: Consent to Contract

I understand this referral information will be used to determine eligibility and coordinate services.

Person Seeking Services/Guardian Name:

Person Seeking Services/Guardian Signature:

Date:

Referral Source Name:

Referral Source Signature:

Date:

## Section 12: Strengthens, Supports, or Goals the Individual Would Like Us to Know

Describe:

## Section 13: PEP Internal Use

Referral Received By:

Date Received:

Eligible for Services:

- Eligible for Services
- Pending Additional Information
- Referred to Another Provider
- Waitlist
- Scheduled Intake

Staff Name:

Staff Signature: