



Referral for Intensive Residential Treatment Services
Please email completed form with service summary and assessment detail to:
irt@emeraldcity.health

REFERENT INFORMATION:

Date and Time of Referral: _____ Referent Name: _____
Contact Phone: _____ Contact Email: _____
Agency Name and Address: _____
Signature: _____

CONSUMER CONSENT:

Has the consumer agreed to be referred to the IRT program? Yes No
➤ If yes, please have the consumer sign a Release of Information allowing Managed Care organizations to receive the information on this referral and to share information with RI International's IRT Team
➤ If not, please obtain consent prior to submitting this form.

CONSUMER INFORMATION/DEMOGRAPHIC:

Consumer Legal Name: _____ DOB: ____ / ____ / ____ SSN: ____ - ____ - ____
Gender: _____ Ethnicity: _____ Preferred Language: _____
ProviderOne Number: _____ Income (if known): _____
Identified AFH/ALF/SNF (if already found): _____
Address or Name of current location: _____
Contact Number: _____ Estimated Discharge Date: _____
Legal Guardian*/DPOA Name and Contact Information: _____

** Please include any legal documentations for guardianship available with referral*

REFERRAL CHECKLIST: Please include all necessary and listed documentation with referral form

- ❖ Medical
 - Recent labs
 - Current medications
 - Mental health diagnosis
 - Medical history
- ❖ H&CS/DDA
 - CARES assessment
 - Service summary
 - Contracts for other care providers (e.g., ECS, SBS)
 - Any DDA assessments, when applicable
- ❖ If D/C from Hospital Referral
 - First & most recent psychosocial (minimum)
 - First & most recent psychiatric evaluation (minimum)
 - Recent progress notes
 - Any pertinent coordinator notes
 - Anticipated discharge date
 - Anticipated AFH/ALF/SNF placement
 - Discharge packet at discharge, including any scheduled appointments
- ❖ If Diversion Referral
 - Any of the above that's available, but MUST include
 - CARES assessment
 - Current care providers & best contact information (i.e., SBS, ECS, AFH, PCP)