



Referral for PRP Services

To: PRP Program Director
Committed to Change, PC
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Name: _____ Age: _____

DOB: _____ Insurance ID: _____

SS#: _____ Diagnosis: _____

Phone#: _____

Problems Necessitating PRP Services (Check all that apply):

<input type="checkbox"/>	Client has serious behavior problems that impair his/her ability to live at current home setting.
<input type="checkbox"/>	Client has serious behavior problem that impairs his/her ability to attend or do well in school.
<input type="checkbox"/>	Client has serious behavior problems that impairs his/her ability to keep a job
<input type="checkbox"/>	Client's behavior is sometimes a threat to the safety of himself/herself, to others or to property.
<input type="checkbox"/>	Client has experienced similar clinical problems in the past and treatment without PRP was not sufficient to prevent deterioration or stabilization of the disorder.
<input type="checkbox"/>	Client needs PRP because he/she is going through an acute disorder, crisis, or transition from an inpatient to a community setting.
<input type="checkbox"/>	Client needs to be taught a number of social skills or developmental skills
<input type="checkbox"/>	Client needs help in accessing a number of social benefits (e.g. social security income, social security disability income, food stamps, affordable housing support, bus pass)

Currently, how many times per month is the client seeing a psychiatric provider _____ and how many times per month is the client seeing a therapist _____?

At this time, it is recommended the referred client receives _____ PRP visits per month (*minimum of 6 for an adult and a minimum of 3 for a minor*).

Licensed professional making this referral?

- Psychiatrist
- Psychiatric Nurse Practitioner
- Therapist
- Clinical Psychologist

Name of referring professional (*print*)

Referring Professional NPI

Name of referring professional (*signature*)

Date

**Note: Referring providers must be a licensed mental health professional, have a valid NPI, and be enrolled as an active Medicaid provider.*