

# Referral to Unlimited Potential

## Referring Individual

Date of referral \_\_\_\_\_

Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Individual in Need of Services

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Alternate Phone \_\_\_\_\_ Primary language \_\_\_\_\_

Gender  Male  Female  Other Date of birth \_\_\_\_\_

Are you currently a resident of Saratoga County?  Yes  No

For the Golden Club only, is the person age 50 or older?  Yes  No

Does the person have a mental health diagnosis?  Yes  No

If yes, list all current diagnoses \_\_\_\_\_

Medicaid CIN \_\_\_\_\_ Social Security number \_\_\_\_\_

Managed care organization \_\_\_\_\_ MCO phone number \_\_\_\_\_

Therapist name \_\_\_\_\_ Therapist phone \_\_\_\_\_

Psychiatrist name \_\_\_\_\_ Psychiatrist phone \_\_\_\_\_

Indicate involvement with any of these services:

Saratoga County Mental Health?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PROS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Department of Social Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	RISE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Saratoga County Probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	OASIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Access VR?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate which services person is being referred for:

- |                                                           |                                                 |
|-----------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Peer Support Services            | <input type="checkbox"/> Golden Club            |
| <input type="checkbox"/> Transitional Employment Services | <input type="checkbox"/> Prevocational Services |
| <input type="checkbox"/> Job Coaching                     | <input type="checkbox"/> Supported Education    |

Referring individuals may want to include these items with the completed referral submission:

- ✓ Recent psycho social assessment
- ✓ Physical exam completed within 1 year
- ✓ Appropriate releases of information
- ✓ Any other pertinent information

## Agency Information

All referrals sent to Northern Rivers will be filed by its affiliate Unlimited Potential

Please send referrals to Unlimited Potential at the address below.

For questions, email [Jennifer.Myers@nrfs.org](mailto:Jennifer.Myers@nrfs.org)

