

# Day Habilitation Information and Referral Form



## THIS REFERRAL FORM IS REQUIRED FOR AUTHORIZATION

Community Supports (CS) are services that are flexible, wrap-around supports designed to fill medical and socially determined health gaps. The services are provided as a substitute or to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

This program assists Members in finding help for their own personal needs, socialization, and adaptive skills necessary to reside successfully in their environment. Some services include training on how to use public transportation, conflict resolution skills, cooking, cleaning, shopping, etc.

## CONSENT

Member Consenting to Day Habilitation Services:  YES  NO

If NO, please stop and do not continue.

## MEMBER INFORMATION

Name:  Medi-Cal # CIN: (9 digits)

DOB:  Phone Number:  Email:

Preferred language:  Current living situation:

Address:

Best place to locate Member:

## REFERRER INFORMATION

Referrer: (check one)  Hospital/SNF  PCP/Clinic  Specialist  ECM  CS  
 Other:

Referrer Name:  Agency:

Agency Phone Number:  Referrer Phone Number:

Fax Number:

Referrer Signature

Date

## ELIGIBILITY CRITERIA

**Member must meet one or more of the following eligibility criteria:**

- Is the member experiencing homelessness?  YES  NO
- Has the member been exited from homelessness and entered housing in the last 24 months?  YES  NO
- Is the Member at risk of homelessness or institutionalization whose housing stability could be improved through participation in a day habilitation program?  YES  NO

**If not submitted via the Provider Portal, you may fax this form to: (805) 681-3039**

**For any questions, please call the Community Supports Unit at (805) 562-1698**