



STAND – REFERRAL FORM

Recovery Innovations – Arizona
2701 N. 16th Street, Suite 106, Phoenix, AZ 85006
Phone (602) 650-1212 Secure Fax (602) 636-5219



Name: _____ Date of Birth: _____

Phone Number: _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Person to Contact in Case of Emergency: _____
Phone: _____

Names of Family Members/Supporters: _____

Name of the Referring Agency (specific clinic or location): _____

Name of Staff Member Making Referral : _____
Title: _____
Phone # of Staff Member making Referral: _____

Program referral for:

❖ **STAND:** One-on-one support and educational classes to build recovery and resilience in families and other supports of individuals who receive non-title XIX Magellan Services.

Clinical Team, Please complete this section with the Person Receiving Services. Please forward this form along with current ISP to the address or fax # listed above.

Diagnosis Code: _____ (Diagnosis Code documentation is available at the PNO Clinic upon request).

Non-Title 19?: Yes No

Please check which system person receives services in: SMI GMH GMH/SA

Specify goal(s) in ISP that STAND will assist with: _____

Is Current ISP attached? Yes No

If not, date it will be sent: _____

Participant's Signature Date Signed

Case Manager/Referring Staff Member's Signature Date Signed

Print Behavioral Health Professional* Name & Credentials 's Signature Date Signed

*BHP can be an MD, NP, LIC SW, LPC, or an RN who has at least 1 year FT behavioral health experience.