

Catholic Charities of Broome County Health Home

CARE MANAGEMENT REFERRAL

Please submit referral:

Catholic Charities Central Referral
290 Front Street
Binghamton NY 13905

Phone 607-723-9991 x 317

Fax 607-584-0122

Referral Agency _____ Referral Date _____

Referral Name _____ Phone _____

Name _____ DOB _____
First MI Last

Address _____
Street Apt No

City State ZIP +4 County

Phone _____ E-Mail _____
Home Cell

Gender ☐ M ☐ F SSN _____

☐ Medicaid # _____ ☐ Medicare # _____

MCO ☐ Excellus ☐ Fidelis ☐ CDPHP ☐ United Healthcare ☐ Other _____

SSI ☐ Yes ☐ No ☐ Pending \$ _____ SSD ☐ Yes ☐ No ☐ Pending \$ _____

☐ Public Assistance \$ _____ ☐ VA \$ _____ ☐ Pension \$ _____

☐ Other _____

Primary Language: ☐ English ☐ Spanish ☐ Other _____

Emergency Contact

Name Phone Relationship

Street Apt No City State ZIP +4

Health Home Qualifying Conditions

☐ AIDS / HIV

☐ SUD (Substance Use Disorder)

☐ Primary MH _____

Diagnosis

Diagnosis

Diagnosis

☐ Diabetes

☐ Other Chronic Conditions

☐ Hypertension (High Blood Pressure)

☐ Asthma

☐ Heart Disease

☐ High BMI (> 25)