



### CARE MANAGEMENT REFERRAL

1-844-884-4999  
EncompassHealthHome@CCBC.net

Please submit referral to : Encompass Health Home  
232 Main Street  
Binghamton, NY 13905

Phone (607)729-9166  
Fax:(607)584-0122

Referring agent obtained consent to refer \_\_\_\_\_  
Client signature (if available)

Referral Agency: \_\_\_\_\_ Referral Date: \_\_\_\_\_  
Referral Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_ Apt No \_\_\_\_\_  
Street  
City State Zip Code

Phone: \_\_\_\_\_  
Home Cell

Email: \_\_\_\_\_

Gender: M F SSN: \_\_\_\_\_

MCO:  
Medicaid #: \_\_\_\_\_  Excellus  Fidelis  CDPHP  United Healthcare  Other: \_\_\_\_\_

Check all that apply:  
 SSI:  SSD  Public Assistance  VA  Pension  
 Other: \_\_\_\_\_

Primary Language:  English  Spanish  Other: \_\_\_\_\_

#### Emergency Contact:

\_\_\_\_\_  
Name Phone Relationship  
\_\_\_\_\_  
Street Apt No City State Zip

#### Health Home Qualifying Conditions

- AIDS/HIV
- Primary MH \_\_\_\_\_  SUD (Substance Use Disorder)
- \_\_\_\_\_ Diagnosis \_\_\_\_\_ Diagnosis
- Diabetes
- Hypertension (High Blood Pressure)
- Asthma  Other Chronic Conditions
- Heart Disease
- High BMI (>25)
- \_\_\_\_\_ Diagnosis \_\_\_\_\_ Diagnosis
- \_\_\_\_\_
- \_\_\_\_\_