COORDINATED BEHAVIORAL CARE

CBC UNIVERSAL REFERRAL FORM

PROGRAM REFERRING TO (SELECT ONE): ☐ SAFE OPTIONS SUPPORT ☐ PATHWAY HOME ☐ HEALTH HOME

*Referral Date: _____ *Applicant has provided verbal consent to referral: ☐Yes / ☐ No

Referring Provider/Agency: _____ Contact(s): _____

Phone: _____ Email: _____

Please note*

- Refer to the CBC program guidance (see below)
- Medicaid CIN is in the following format: two letters, five numbers, one letter (AB12345C)
- Team assignment needs a current or anticipated address/known location
- Individuals may qualify for social care screening for transportation, food, and housing supports. ☐ Check here if interested

Applicant Name: _____ DOB: _____

Parent/Legal Guardian Name: _____ Relationship to Applicant: _____

Gender: ☐Male ☐Female ☐Transgender ☐Non-Binary/Other _____

Primary Language: _____ Secondary Language: _____ Needs Interpreter? ☐Yes ☐No

Home Address/Known Location: _____ Preferred Borough: _____

Residence/ Shelter Name (if applicable): _____Phone #: _____
Email:_____ Preferred Contact Method: _____

Current or Planned Housing: ☐Independent (alone) ☐Independent (with family/friend) ☐NYS Transitional Residence (e.g., TLR/SOCR) ☐Supportive Housing (specify type): _____ ☐Emergency Shelter ☐Unsheltered / Street Homeless ☐At risk of eviction (within 30 days) ☐Temporary Housing (e.g., Safe haven/Respite)_____ ☐Other: _____

Insurance Type: _____ Medicaid CIN: _____ SSN (if applicable): _____

Public Benefits (check all that apply): ☐SSI ☐SSDI ☐Veteran Benefits ☐Cash Assistance ☐SNAP ☐None ☐Other: _____

Is applicant currently hospitalized? ☐Yes ☐No If yes, facility: _____ Anticipated discharge date: _____

Date of Last Psychiatric Hospitalization: _____ Total # in past 12 months, if known: _____

Outpatient Behavioral Health and Medical Clinics / Health Home/ Outreach Team / Shelter:

Provider/Clinic Name:	Address:	Contact Info: (Telephone/Email)

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Program Eligibility - List all Behavioral and/or Medical Conditions below

Behavioral Health Diagnoses:
1. _____ 2. _____ 3. _____

Medical Diagnoses
1. _____ 2. _____ 3. _____

Members interested in services have one or more significant risk factors. Select all that apply.

- Recent institutional stays (inpatient, ED, psychiatric, detox)
- Justice system involvement
- Appointment scheduling/attendance issues
- Lack of primary/specialty providers
- Domestic violence
- Food insecurity
- Homelessness/unstable housing
- Guardianship/caregiver changes
- Missing entitlements

Additional comments or other areas of support needed, substance use, history of suicide or self-harm, history of aggressive, threatening, or violent behaviors).

_____

_____

Optional attachments:

- Psychiatric Evaluation/ Psychosocial Assessment
- Inpatient Discharge Summary

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CBC Program Referral Guide

Connecting New Yorkers to the Right Level of Care

CBC provides a continuum of community-based care coordination, transition, and outreach services for individuals with complex behavioral health, medical, housing, and social needs. Use this guide to identify the program that best matches an individual's current needs.

Program	Best Fit / When to Refer	Key Services
Safe Options Support (SOS) Email: SOSInfo@cbcare.org Phone: 1-866-SOS-4NYC	Individuals **experiencing unsheltered homelessness**, including those living on the streets or in public transit locations, who need persistent outreach, engagement, and support transitioning to stable housing.	• Intensive street and transit outreach • Immediate basic-needs support • Identification/document assistance • Behavioral health and primary care linkage • Benefits, legal, employment, and social-service referrals • Housing navigation and placement • Cross-system care coordination
Pathway Home Email: Pathwayhomeinfo@cbcare.org Phone: 646-930-8841	Individuals **transitioning from inpatient psychiatric care to the community** who need intensive, short-term, in-person clinical support to stabilize the transition and connect to ongoing services. Small multidisciplinary team caseloads allow for flexible and rapid-response interventions.	• Day-of-discharge support • Behavioral health and medical appointment linkage/accompaniment • Family and community collaboration • Benefits and entitlements • Housing assistance • Skills building • Care management enrollment • Family conferences • Cross-system care coordination
Health Home Care Management Email: CBCHealthHome@cbcare.org Phone: 929-229-7277	Individuals with chronic behavioral health and/or medical conditions who need **ongoing care coordination and connection to community-based services**. CBC serves more than **30,000 children and adults** through a network of 50+ care management agencies.	• Comprehensive care coordination • Medical and behavioral health linkage • Care transition support • Housing and economic resource linkage • Benefits and community resources • Recovery, employment, and social goal support • Cross-system care coordination

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