



To enroll in the Health Home (HH) Program, applicants must be actively enrolled in Medicaid Fee for Services (FFS) or a Medicaid Managed Care Program, have a qualifying condition(s), and would benefit from HH Services. Please complete the confidential form to confirm the member’s eligibility.

SECTION A: REFERRAL SOURCE

Referring Person: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Contact Number/Email: \_\_\_\_\_ Referring Agency/Site: \_\_\_\_\_

SECTION B: DEMOGRAPHIC INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:  Male  Female  Other

Applicant’s Address (if applicant is homeless, note the shelter/drop-in center or place where the applicant may be contacted)

STREET CITY/STATE ZIPCODE EMAIL

Telephone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Medicaid Number/CIN: \_\_\_\_\_ Medicaid Status:  Active  Inactive  Unknown

Medicare/Dual:  Yes  No Applicant’s Primary Language:  English  Spanish  Other \_\_\_\_\_

Current Living Situation:  Private/permanent Residence  Supportive Housing or Supported SRO
 Temporary or Unstable Housing  Street Homeless
 Drop In-Shelter or ER Housing  Other: \_\_\_\_\_

SECTION C: HEALTH HOME ELIGIBILITY

- Applicant Diagnoses:  Two Chronic Conditions: \_\_\_\_\_
 Serious Mental Illness (SMI): \_\_\_\_\_
 Substance Use Disorder: \_\_\_\_\_
 Cardiovascular Disease: \_\_\_\_\_
 HIV/AIDS  Stroke  Other: \_\_\_\_\_



MENTAL HEALTH AND HOUSING SOLUTIONS

**Applicant has significant behavioral, medical, or social risk factors (needs) which can be ameliorated through CC Services.**

- ▣ Lack of or inadequate connectivity to health care system
- ▣ Lack of or inadequate social, family, or housing support
- ▣ Recent release from incarceration or psych hospitalization
- ▣ Non-adherence to treatment or medication or difficulty managing medication
- ▣ Probable risk for an adverse event
- ▣ Deficits in ADLs
- ▣ Learning or Cognitive issues

**Questions?**

***Please fax or securely scan the referral form to [CCreferral@thebridgeny.org](mailto:CCreferral@thebridgeny.org) If you have any questions, please contact the Supervisor for Engagement and Enrollment at 212-678-7188 X 2029.***

**We look forward to working with you!**

**Internal use only:**

▣ Eligible ▣ Ineligible ▣ Comments: \_\_\_\_\_

**Applicant has a history of poor connectivity to care, including but not limited to:**

- ▣ No Primary Care (PCP) ▣ Homelessness ▣ Recent release from incarceration ▣ Inappropriate ER use
- ▣ No connection to specialty MDs ▣ Repeated recent hospitalizations for preventive conditions