



Cal-AIM: Community Support Services Referral Form

Please complete this form to share member's information that will assist in identifying appropriate criteria for Community Support Services being requested.

Please select service(s):

- Housing Transition Navigation Service
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- Personal Care and Homemaker Services
- Medically Tailored Meals or Medically Supportive Food

Date:

Provider's Information

Organization's Name:	Name of person filling out form:	Phone #:	Fax #:

Member's Information

CIN #:	First Name:	Last Name:
Address:	County:	Phone Number:

Member's Diagnosis

	Description and/or ICD-10 Diagnosis Code	ED visits
Mental Health: SMI/Behavioral Health		
Physical Health:		
SUD services: Drug/Alcohol		
Hospitalizations:		

Additional Information:

Submit form with TAR request or send to CommunitySupports@partnershiphp.org inbox so referral can be made to appropriate provider.

For all other questions please send them to CalAIM@partnershiphp.org