

**Application for Psychiatric Rehabilitation,  
Supported Living, & Evidenced Based Supported Behavioral Health Department**

Psychiatric Rehabilitation Services, Supported Living, & Evidence Based Supported Employment Services are designed for adults with chronic and persistent mental illness to help them regain and maintain independence within the community. These services include life skills teaching, day program services, vocational services, and in some cases housing. The Supported Living Program offers additional in-home supports, intensive case management, landlord mediation, financial and medication management, and much more. Applications can be faxed to BH Admin at 410-381-5317, emailed to BHAdmin@humanim.org, or mailed to the address below.

<b>Individual's Name:</b>		
(Last)	(First)	(Middle)
<b>Individual's Address:</b>		
<b>Home #:</b>	<b>Mobile #:</b>	<b>Email:</b>
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <b>Race:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other		
<b>DOB:</b>	<b>Age:</b>	<b>Medical Assistance #:</b>
		<b>MCO:</b>

**In order to qualify for services the individual must meet one of the following DSM 5 diagnoses**

<b>Primary Behavioral Health Diagnosis (check all that apply):</b>							
√	ICD-9	ICD-10	DSM 5 Diagnosis	√	ICD-9	ICD-10	DSM 5 Diagnosis
<input type="checkbox"/>	295.90	F20.9	Schizophrenia	<input type="checkbox"/>	296.43	F31.13	Bipolar I Disorder, Current or Most Recent Episode, Manic, Severe without Psychotic Features
<input type="checkbox"/>	295.40	F20.81	Schizophreniform Disorder	<input type="checkbox"/>	296.44	F31.2	Bipolar I Disorder, Current or Most Recent Episode, Manic, Severe with Psychotic Features
<input type="checkbox"/>	295.70	F25.0	Schizoaffective Disorder, Bipolar Type	<input type="checkbox"/>	296.53	F31.4	Bipolar I Disorder, Current or Most Recent Episode, Depressed, Severe without Psychotic Features
<input type="checkbox"/>	298.8	F28	Schizoaffective Disorder, Depressive Type	<input type="checkbox"/>	296.54	F31.5	Bipolar I Disorder, Current or Most Recent Episode, Depressed, Severe with Psychotic Features
<input type="checkbox"/>	298.9	F29	Other Specified Schizophrenia Spectrum and Other Psychotic Disorder	<input type="checkbox"/>	296.40	F31.0	Bipolar I Disorder, Current or Most Recent Episode, Hypomanic
<input type="checkbox"/>	297.1	F22	Unspecified Schizophrenia Spectrum and Other Psychotic Disorder	<input type="checkbox"/>	296.40	F31.9	Bipolar I Disorder, Current or Most Recent Episode, Hypomanic, Unspecified
<input type="checkbox"/>	296.33	F33.2	Major Depressive Disorder, Recurrent Episode, Severe without Psychotic Features	<input type="checkbox"/>	296.7	F31.9	Bipolar I Disorder, Current or Most Recent Episode, Unspecified
<input type="checkbox"/>	296.34	F33.3	Major Depressive Disorder, Recurrent Episode, Severe with Psychotic Features	<input type="checkbox"/>	296.89	F31.81	Bipolar II Disorder
<input type="checkbox"/>	301.22	F21	Schizotypal Personality Disorder	<input type="checkbox"/>	301.83	F60.3	Borderline Personality Disorder
√	<b>The diagnostic criteria may be waived for either one of the following two conditions:</b>						
<input type="checkbox"/>	An individual committed as not criminally responsible who is conditionally released from a Mental Hygiene facility, according to the provisions of Health General Article, Title 12, Annotated Code of Maryland						
<input type="checkbox"/>	An individual in a Mental Hygiene facility (including Residential Treatment Center) with a length of stay of more than 6 months who requires RRP services. <b><i>This excludes individuals eligible for Developmental Disabilities services.</i></b>						

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**Social Elements Impacting Diagnosis (Check all that apply):**

- |                                      |  |   |   |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> None        | <input type="checkbox"/> Access to Health Care | <input type="checkbox"/> Housing Problems           | <input type="checkbox"/> Social Environment |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Legal System/Crime    | <input type="checkbox"/> Occupational               | <input type="checkbox"/> Homelessness       |
| <input type="checkbox"/> Financial   | <input type="checkbox"/> Primary Support       | <input type="checkbox"/> Other Psychosocial/Enviro. | <input type="checkbox"/> Unknown            |

**Individual experiences at least 3 of the following:**

- |  |  |
|--|--|
| <input type="checkbox"/> Inability to maintain independent employment  | <input type="checkbox"/> Severe inability to establish or maintain social supports |
| <input type="checkbox"/> Social behavior that results in interventions by the mental health system                                       | <input type="checkbox"/> Need or assistance with basic living skills               |
| <input type="checkbox"/> Inability, due to cognitive disorganization, to procure financial assistance to support living in the community |  |

**If the individual has a co-occurring Substance Use Disorder (cannot be primary diagnosis)**

√	ICD-9	ICD-10	DSM 5 Diagnosis	√	ICD-9	ICD-10	DSM 5 Diagnosis
<input type="checkbox"/>	305.00	F10.10	Alcohol Use Disorder – Mild	<input type="checkbox"/>	304.20	F14.20	Stimulant-Related Disorder – Cocaine – Severe
<input type="checkbox"/>	303.90	F10.20	Alcohol Use Disorder – Moderate	<input type="checkbox"/>	305.70	F15.10	Stimulant-Related Disorder – Amphetamine-type substance – Mild
<input type="checkbox"/>	303.90	F10.20	Alcohol Use Disorder – Severe	<input type="checkbox"/>	304.40	F15.20	Stimulant-Related Disorder – Amphetamine-type substance – Moderate
<input type="checkbox"/>	305.20	F12.10	Cannabis Use Disorder – Mild	<input type="checkbox"/>	304.40	F15.20	Stimulant-Related Disorder – Amphetamine-type substance – Severe
<input type="checkbox"/>	304.30	F12.20	Cannabis Use Disorder – Moderate	<input type="checkbox"/>	305.1	Z72.0	Tobacco Use Disorder – Mild
<input type="checkbox"/>	304.60	F12.20	Cannabis Use Disorder – Severe	<input type="checkbox"/>	305.1	F17.200	Tobacco Use Disorder – Moderate
<input type="checkbox"/>	305.50	F11.10	Opioid Use Disorder – Mild	<input type="checkbox"/>	305.1	F17.200	Tobacco Use Disorder – Severe
<input type="checkbox"/>	304.00	F11.20	Opioid Use Disorder – Moderate	<input type="checkbox"/>	305.90	F19.10	Other (or Unknown) Substance Use Disorder – Mild
<input type="checkbox"/>	304.00	F11.20	Opioid Use Disorder – Severe	<input type="checkbox"/>	304.90	F19.20	Other (or Unknown) Substance Use Disorder – Moderate
<input type="checkbox"/>	305.60	F14.10	Stimulant-Related Disorder – Cocaine – Mild	<input type="checkbox"/>	304.90	F10.20	Other (or Unknown) Substance Use Disorder – Severe
<input type="checkbox"/>	304.20	F14.20	Stimulant-Related Disorder – Cocaine – Moderate	<input type="checkbox"/>	304.20	F14.20	Stimulant-Related Disorder – Cocaine – Severe

**Include any secondary Behavioral Health Diagnoses (If any):**


**Medical Diagnoses (If any):**


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Reason for Referral:		
Self-care skills:	<input type="checkbox"/> Personal hygiene, <input type="checkbox"/> Grooming <input type="checkbox"/> Nutrition	<input type="checkbox"/> Dietary planning <input type="checkbox"/> Food preparation <input type="checkbox"/> Self administration of medication Other:
Social Skills:	<input type="checkbox"/> Community integration activities <input type="checkbox"/> Developing natural supports <input type="checkbox"/> Developing linkages with and supporting the individual's participation in community activities. Other:	
Independent Living Skills:	<input type="checkbox"/> Skills necessary for housing stability <input type="checkbox"/> Community awareness <input type="checkbox"/> Mobility and transportation skills <input type="checkbox"/> Money management	<input type="checkbox"/> Accessing available entitlements and resources <input type="checkbox"/> Supporting the individual to obtain and retain employment <input type="checkbox"/> Health promotion and training <input type="checkbox"/> Individual wellness self management and recovery. Other:
Other:		

**Any additional information that you feel would be helpful in serving this individual:**

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**Who is making this referral:**  Self  Family  Case Manager  Other

Contact Information of the person making referral (if not self):  
**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<b>Psychiatrist:</b>	<b>Address:</b>	<b>Phone:</b>
<b>Therapist:</b>	<b>Address:</b>	<b>Phone:</b>
<b>Primary Care:</b>	<b>Address:</b>	<b>Phone:</b>

**Check all that apply:**

- I am referring this person for Psychiatric Rehabilitation Day Services (day program)
- I am referring this person for Supported Living Services (in-home supports & case management)
- I am referring this person for Evidence-based Supported Employment (vocational services)

\_\_\_\_\_  
 Referring Clinician's Name & Credentials (Print)

\_\_\_\_\_  
 Referring Clinician's Signature

\_\_\_\_\_  
 Date