

Covenant Case Management Services, LLC.
 4410 Laurel Twig Court
 Charlotte, NC 28215-9002
 Fax #: (704) 908-0251



www.CovenantToServe.com

REFERRAL FOR SERVICES

INDIVIDUAL INFORMATION							
NAME:		Record #:		MID #:		DOB:	

ADDRESS

CONTACT INFORMATION	
LRP/ SELF:	
<i>CONTACT #:</i>	
<i>EMAIL:</i>	
CARE COORDINATOR:	
<i>CONTACT #:</i>	
<i>EMAIL:</i>	
OTHER: <i>Relation: _____</i>	
<i>CONTACT #:</i>	
<i>EMAIL:</i>	
OTHER: <i>Relation: _____</i>	
<i>CONTACT #:</i>	
<i>EMAIL:</i>	
OTHER: <i>Relation: _____</i>	
<i>CONTACT #:</i>	
<i>EMAIL:</i>	

SERVICE AND REFERRAL REASON			
PROPOSED SERVICES: <i>(be specific)</i>			
AUTH START/END DATE:			
ADDITIONAL DOCUMENTS NEEDED <i>(check if attached)</i>		Most recent psychological evaluation	BSP <i>(if applicable)</i>
		Annual ISP packet	Copy of Medicaid Card
		Updated ISP packet <i>(to add service)</i>	
		SIS <i>(or NC-SNAP)</i>	
		Guardianship Papers <i>(if applicable)</i>	

Please send Referral Information to:
 Rebecca Biby, Intake Specialist
Email: rebecca.biby@covenantcms.com
Fax #: (704) 908-0250