

Risk Factors – Check All That Apply

Check	Category	Detail Indicating How Referral Meets the Risk Factor
	Probable risk for adverse event, e.g. death, disability, inpatient or nursing home admission	
	Lack of or inadequate connectivity with healthcare system.	
	Non-adherence to treatments or medication(s) or difficulty managing medications.	
	Recent release from incarceration.	
	Recent release from psychiatric hospitalization. (List hospitals and dates within last 2 years)	
	Deficits in activities of daily living such as dressing, eating, etc.	
	Learning or cognition issues.	
	History of violent behavior.	

Narrative

Please specify the individual's needs and how you would like the program to help them.

Supporting documentation of Mental Health Diagnosis must be attached.

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Contact Information for Person Completing Referral

Name:	Title:
Organization:	
Phone:	Email:

MAIL, FAX OR EMAIL TO:

Rachel Gacek-DeMetro - ASPOAA Coordinator
 800 Park Avenue, 9th Floor
 Utica, NY 13501
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 FAX: 315-768-3670 PHONE: 315-768-3660

IMPORTANT: All Health Home Care Management referrals must be accompanied by separate documentation of Serious Mental Illness, dated within a year of the application and signed by an MD, LMSW, LCSW, Psychologist, PA, RN, LPN, NPP, LMHC, LMFT or LCAT.