

Name:		First	Middle	Last	Suffix	PCA ID	Date of request:		
→Sex M F	→Date of Birth	→Social Security Number		MUST DO separate SEARCHES on DOB, SSN, Last name, & First name, CHECK ALERTS!!					
→STREET Address <input type="checkbox"/> PCA Catchment <input type="checkbox"/> Out of Catchment (FULL FEE)						City	St	Zip	→County
MAILING Address (ONLY if DIFFERENT from Street)						City	St	Zip	(Do NOT leave blank!)
→PHONE(s) [detail message phone info if needed]									
Referred by _____						Referral's phone, if they made the call for apt: _____			
Brief statement of request or problem: _____ _____									
Are you involved with any court (or lawyer or judge) for any reason? <input type="checkbox"/> No <input type="checkbox"/> Court order (explain) <input type="checkbox"/> HAS GUARDIAN (explain) <input type="checkbox"/> Any other (explain)									
If in school, name of school				REDIRECTED TO: <input type="checkbox"/> Other CMHC: <input type="checkbox"/> Substance Abuse Svcs: <input type="checkbox"/> Other:					
1. EXPEDITED APPOINTMENTS:									
<input type="checkbox"/> Child in DCFS Custody (appt within 5 days; caseworker signs; give order to Clinical Director before intake)									
<input type="checkbox"/> Hospital Aftercare (must offer appt within 7 days of discharge; if given automatic discount, lapse discount 60 days after intake)									
<input type="checkbox"/> Currently in Jail (offer first available appt; call Clinical Director if not acceptable; no proof of income required)									
<input type="checkbox"/> 861 Order (Involuntary Commitment) Order (appt within 7 days & must be before end of order; lapse discount at end of order.									
<input type="checkbox"/> 911 (Forensic Conditional Release) (Probably should be scheduled at Springhill. Fax this form to Clinical Director as you have scheduled appointment. Offer first available appt, call Director if not possible, lapse discount at end of order.)									
2. ANY OTHER COURT INVOLVEMENT (parole, probation, parent in abuse case, lawsuit, criminal charges, custody battle) -- MUST get approval from Director BEFORE scheduling at Outpatient. If no order exists, needs contact info for caseworker, attorney, or other officer of the court. WILL BE FULL FEE unless Clinical Director makes an exception based on Medical Necessity.									
<input type="checkbox"/> Medicaid Adult PCP name: _____ Referral obtained _____									
<input type="checkbox"/> Medicaid U-21 or <input type="checkbox"/> ArKids B PCP name: _____ Referral obtained _____									
<input type="checkbox"/> Medicare <input type="checkbox"/> Medicare D Plan is: _____									
<input type="checkbox"/> Insurance – Begin BENEFIT VERIFICATION FORM!									
<input type="checkbox"/> Private Option [AR WORKS] Are you Exempt from reporting _____ If not exempt, when is the last time you reported? _____									
<input type="checkbox"/> Child w. no funding source – schedule now, but notify Clinical Director BEFORE INTAKE, she will determine discount & CASSP funding									
<input type="checkbox"/> Title XX <input type="checkbox"/> CONTRACT will pay, and we have proof of that (e.g., Voc. Rehab contract services)									
<input type="checkbox"/> Self-Pay, full fee <input type="checkbox"/> Self-Pay and wants discount – inform that may not qualify!									
<input type="checkbox"/> REQUESTING EMERGENCY VISIT before clerical intake: Person will sign form ER-10 (Emergency Non-Client Info) Bill the emergency service as 100 Emergency Screening and document with Screening form									
(Clerical Intake)	→Intake appt	→Clinician	→Psychiatric Eval appt	<input type="checkbox"/> CALL if an intake opens up any earlier:					
MUST BRING to Intake:			For a MINOR CLIENT, also:			STAFF, remember to:			
<ul style="list-style-type: none"> • Proof of Income • All Insurance Cards • Payment for first visit (\$_____) • All bottles of meds or a detailed list • List of previous doctors/hospitals • If Medicaid client-Obtain a PCP Referral from your assigned PCP. If your PCP is not assigned- call the Connect Care Help Line at 1-800-275-1131 			<ul style="list-style-type: none"> • PARENT/guardian must sign forms • Custody or guardianship ORDERS • Parent/guardian must come to intake 			<ul style="list-style-type: none"> <input type="checkbox"/> Get old chart from Archives <input type="checkbox"/> Send email for Benefit Verification 			

Client Introductory Call (Intake Request)