

**Screening /Referral Form**

**Referral Source:**

**Contact Information:**

**Name:**

**Date of Birth:**

**MaineCare Number:**

**Must Verify the potential client has FULL MaineCare insurance coverage. MaineCare Member Services, call 1-800-977-6740**

**If the individual does not have MaineCare, we can assist with the application:**

**[https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)**

Have you applied for a Housing Choice Voucher? YES: ☐ NO: ☐

**Long-Term Homelessness:**

**YES: ☐ NO: ☐ How long?**

Long-term Homelessness means residing in a place not meant for human habitation, an emergency shelter, a temporary outdoor shelter, a homeless shelter, or a setting of institutional care or incarceration for a minimum total of **180 days out of either the last 365 days or two (2) out of the last three (3) 365-day periods** (can also include “couch-surfing”). Stays in a setting of institutional care or incarceration may not account for more than 90 of the Member’s total homeless days in any one 365-day period. **If Long-term Homelessness criteria was met, as defined above, prior to incarceration then the potential client is considered to have Long-term Homelessness post incarceration.**

**Chronic Health Conditions:** Must have 1, can have 2. If only 1 exists, must be “at risk” of another below. (check off ones that apply to the individual)

- ☐ ☐ a mental health condition (excluding Serious and Persistent Mental Illness and Serious Emotional disturbance, as defined in MBM, Section 92, Behavioral Health Homes;
- ☐ ☐ 2. a substance use disorder;
- ☐ ☐ 3. tobacco use;
- ☐ ☐ 4. diabetes;
- ☐ ☐ 5. heart disease;
- ☐ ☐ 6. overweight or obese as evidenced by a body mass index over 25 for an adult or the 85th percentile for a child;
- ☐ ☐ 7. Chronic Obstructive Pulmonary Disease (COPD);
- ☐ ☐ 8. hypertension;
- ☐ ☐ 9. hyperlipidemia;

- ☐ 10. developmental and intellectual disorders;
- ☐ 11. circulatory congenital abnormalities;
- ☐ 12. asthma;
- ☐ 13. acquired brain injury;
- ☐ 14. seizure disorders; and
- ☐ 15. HIV/AIDS.

**“At Risk” Chronic Health Conditions:**

- ☐ a mental health condition (excluding Serious and Persistent Mental Illness and Serious Emotional disturbance, as defined in MBM, Section 92, Behavioral Health Homes);
- ☐ 2. a substance use disorder;
- ☐ 3. tobacco use;
- ☐ 4. diabetes;
- ☐ 5. heart disease;
- ☐ 6. overweight or obese as evidenced by a body mass index over 25 for an adult or the 85th percentile for a child;
- ☐ 7. COPD;
- ☐ 8. hypertension;
- ☐ 9. hyperlipidemia;
- ☐ 10. developmental and intellectual disorders;
- ☐ 11. congenital or acquired circulatory abnormalities;
- ☐ 12. HIV/AIDs;
- ☐ 13. poor nutrition;
- ☐ 14. childhood trauma;
- ☐ 15. risky sex practices;
- ☐ 16. intravenous drug use;
- ☐ 17. history of incarceration;
- ☐ 18. history of or current substance use; or
- ☐ 19. family history or genetic predisposition for developing a chronic condition.