

Request for Case Management Services



CM Assigned:	Staff	Date:	
	Referral Source	Release?	Yes No
Name/Pronouns:		DOB:	
Address:		Phone:	
OK to send mail from de-identified PO Box regarding services/coordinate intake if not by phone?		OK to leave message phone?	
		Interpretations svcs? _____ language needed	
Referral Questions	YES	NO	Comments
Newly Diagnosed?(Diagnosed When?\Where?)			
In medical care? (Who? HIV or Primary Care?)			
On HIV medications? (How many days' supply?)			
Safely housed? (Housing status details)			
Health insurance? (Who is insurer?)			
ADAP?/ Ryan White			
Pending Legal Cases?			
Comments: Family status? Immigration status? Transportation needs? Urgent needs?		For Follow-Up Notes ONLY: Documented attempts to contact	

Email completed form to: case.management@bangormaine.gov