

**Upper Bay Counseling and Support Services**  
**Supportive Employment Program Referral**  
200 Booth Street  
Elkton MD 21921  
Phone#:410-996-5104  
Fax#: 410-996-5197

Client Name: \_\_\_\_\_ MA#: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

I am referring the client for the following services:  Supportive Employment Program (SEP)

This form must be filled out in its entirety in order to allow for medical necessity and authorization for services. **Please do not add diagnoses to the form.**

**Behavioral Diagnoses**

- |  |   |
|--|---|
| <input type="checkbox"/> 295.90/F20.9 Schizophrenia  | <input type="checkbox"/> 296.53/F31.4 Bipolar I, Most Recent Depressed, Severe        |
| <input type="checkbox"/> 295.40/F20.81 Schizophreniform Disorder                                       | <input type="checkbox"/> 296.40/F31.0 Bipolar I, Most Recent Hypomanic                |
| <input type="checkbox"/> 295.70/F25.1 Schizoaffective Disorder, Depressive                             | <input type="checkbox"/> 296.7/F31.9 Bipolar I Disorder, Unspecified                  |
| <input type="checkbox"/> 298.9/F29 Unspecified Schizophrenia Spectrum and Other Psychotic Disorder     | <input type="checkbox"/> 296.44/F31.2 Bipolar I, Most Recent Manic, with Psychosis    |
| <input type="checkbox"/> 295.70/F25.0 Schizoaffective Disorder, Bipolar Type                           | <input type="checkbox"/> 296.54/F31.5 Bipolar I, Most Recent Depressed, w/o Psychosis |
| <input type="checkbox"/> 298.8/F28 Other Specified Schizophrenia Spectrum and Other Psychotic Disorder | <input type="checkbox"/> 296.40/F31.9 Bipolar I, Most Recent Hypomanic, Unspecified   |
| <input type="checkbox"/> 297.1/F22 Delusional Disorder   | <input type="checkbox"/> 296.89/F31.81 Bipolar II Disorder                            |
| <input type="checkbox"/> 296.33/F33.2 MDD, Recurrent Episode, Severe                                   | <input type="checkbox"/> 301.83/F60.3 Borderline Personality Disorder                 |
| <input type="checkbox"/> 296.34/F33.3 MDD, Recurrent, With Psychotic Features                          | <input type="checkbox"/> 301.22/F21 Schizotypal Personality Disorder                  |
| <input type="checkbox"/> 296.43/F31.13 Bipolar I, Most Recent Manic, Severe                            | <input type="checkbox"/> 296.80/F31.9 Unspecified Bipolar Disorder                    |

**Primary Medical Diagnoses:** \_\_\_\_\_

**Social Elements Impacting Diagnosis**

- |                                      |  |   |   |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> None        | <input type="checkbox"/> Access to Health Care | <input type="checkbox"/> Housing Problems           | <input type="checkbox"/> Social Environment |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Legal System/Crime    | <input type="checkbox"/> Occupational               | <input type="checkbox"/> Homelessness       |
| <input type="checkbox"/> Financial   | <input type="checkbox"/> Primary Support       | <input type="checkbox"/> Other Psychosocial/Enviro. | <input type="checkbox"/> Unknown            |

**Current Medications:** \_\_\_\_\_

Is the individual med compliant: yes no

**Presenting Symptoms: Please include HX of SI and HI**

\_\_\_\_\_

**Does the client have a social security card and a current driver's license of MD State ID (both are required to be employed through SEP)**

Yes  NO

**Criminal HX-** yes no

**Has the client been arrested in the last 12 months** Yes  NO

**Is the client currently on probation, parole, or conditional release?**  Yes  No

**Present Legal Involvement, Past Legal Involvement, reason for last arrest and/or incarceration, when and how long:** \_\_\_\_\_

**Employment History and Job Suggestions/Recommendations for Work Environment:** \_\_\_\_\_

**Reason for Referral:**

- 1) **Self-care skills-** personal hygiene, grooming, self-administration of medication.
- 2) **Social Skills-** community integration activities, developing natural supports, developing linkages with and supporting the individual's participation in community activities.
- 3) **Independent living skills-** skills necessary for housing stability, community awareness, mobility and transportation skills, money management, accessing available entitlements and resources, supporting the individual to obtain and retain employment, Health promotion and training, individual wellness self management and recovery.

**Most Recent Psychiatric Hospitalization** \_\_\_\_\_ **Date** \_\_\_\_\_

**Disposition of Referral**

Accepted Deny

**Date of Contact:** \_\_\_\_\_

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Referring Mental Health Professional Signature and Credentials

Date

Referring Professionals Name

Location and Phone Number

Treating Psychiatrist

Phone

Treating Therapist

Phone

**Please direct your referral to:**

**Cecil SEP**

**200 Booth Street**

**Elkton Maryland 21921**

**Program Manager Michelle Twyman**