

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.**

Date Of Diagnosis: _____

- | | |
|--|---|
| <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:

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