

WOMEN'S SPECIALTY PROGRAM

Housed at Elizabeth Upjohn Community Healing Center
2615 Stadium Drive Kalamazoo MI 49007



Women's Specialty Program Case Manager

Bridget Buell

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REFERRAL CHECKLIST

ELIGIBILITY FOR SERVICES: SUBSTANCE USING WOMEN WHO ARE PREGNANT, WHO HAVE MINOR CHILDREN, HAVE OPEN CPS CASES, OR ARE IN DANGER OF LOSING THEIR CHILDREN AND LIVE IN KALAMAZOO COUNTY WHO WOULD BENEFIT FROM CASE MANAGEMENT/SUPPORTS

A WOMAN MUST HAVE INTEREST OR CONSENT TO PARTICIPATE IN THE PROGRAM PRIOR TO SUBMISSION OF THIS FORM THROUGH EMAIL, FAX, PHONE, OR IN PERSON.

PARTICIPANT'S SIGNATURE _____ **DATE:** _____

Name: _____ S.S.# _____

Address _____

City, State, Zip _____

Phone #: _____ Date of Birth: _____

Email: _____ Insurance _____

Is the client pregnant? YES NO UNSURE Due Date: _____

Children under 18 that client has legal custody of _____

CPS involvement? YES NO

Dept. of Correction involvement? YES NO

Drug Treatment Court? YES NO

Referral Source: _____ Phone #: _____

Obtain a two-way release of information should you want updates from us on this referral.

Present Alcohol Use: YES NO UNSURE Last used on: _____

Present Drug Use: YES NO UNSURE Last used on: _____

Past or Present Substance Abuse TX? YES NO If yes, explain: _____

Client # _____

***DO YOU USE INJECTABLE DRUGS? (Since 1980) Last use/type: _____**

Medicaid: YES NO

Medicaid Eligible: YES NO UNSURE

Block Grant (CA): YES NO

Block Grant (CA) Eligible: YES NO UNSURE

Please check each of the following that may be needed by this client:

- AIDS/HIV EDUCATION OR TESTING
- CHILD ABUSE/NEGLECT
- CHILD CARE
- DENTAL SERVICES
- DOMESTIC VIOLENCE
- EDUCATION (GED/LITERACY/JOB)
- EMERGENCY ASSISTANCE
- EMPLOYMENT
- PARENTING
- FOOD AND CLOTHING
- HOUSING
- RAPE/SEXUAL ASSAULT SUPPORT
- MONEY MANAGEMENT
- SEXUAL HEALTH (STD'S)
- MEDICAL SERVICES
- MENTAL HEALTH COUNSELING
- TRANSPORTATION
- OTHER: PLEASE EXPLAIN

Client # _____

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