

Pending Referral

Only to be used while client is Pending Approval for Ryan White HIV Services Program.

PENDING REFERRAL



MARION COUNTY PUBLIC HEALTH DEPARTMENT

RYAN WHITE HIV SERVICES HIV PROGRAM CORE AND SUPPORT SERVICES REFERRAL

DATE REFERRAL COMPLETED	RWSP PENDING APPLICATION EXPIRATION DATE (7 BUSINESS DAYS FROM EFFECTIVE DATE)	RWSP ID#:

PENDING REFERRAL STIPULATIONS

Has appointment been made? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, appt. date ____/____/_____ If No, see next question	Has extension been requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Yes, next pending exp. Date ____/____/_____ If No, next steps. Explain in care plan
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APPLICANT INFORMATION

First Name:	M.I.:	Last Name:
Preferred First Name:	M.I.:	Preferred Last Name:
Date of birth (as stated on state ID): ____/____/_____	Social Security Number:	Phone number:

Gender: Male Female Transgender
 Male to Female Female to Male

Referred Services (Funded Site): _____

Description of requested services: _____

Primary Case Management/Care Coordination site:
 Concord Center The Damien Center IU Health Methodist-LifeCare Step-Up Eskenazi Health-IDC

First & Last name of Primary Care Coordinator/Case Manager: _____

Telephone Contact Number for Primary Care Coordinator/Case Manager: _____

Need for Linguistic Services for requested service: Yes No
 If Yes, please submit another PENDING referral for Linguistic Services

MEDICAL INSURANCE					FOR RYAN WHITE HIV SERVICES PROGRAM USE ONLY
Coverage (Yes/No)	Type of Medical Insurance	Applied Date (Month/Day/Year)	Effective Start Date (Month/Day/Year)	Effective End Date (Month/Day/Year)	