

Hope Lives/Vive La Esperanza (HLVLE)

1551 West Van Buren Street PHX, AZ 85007

Main Phone # 855-747-6522, **FAX** # 602-388-1567

Referral Packet Request & Checklist

**PLEASE INCLUDE THIS FORM WITH THE REFERRAL PACKET; as the cover sheet
and email to Referrals@vivehopelives.org; or Fax to 602 388-1567**

Date: _____

Service Recipient Name:

Best Contact Information for Member:

Clinic/Agency Name & address/Location:

Case Manager/E-mail address:

Clinic/Agency Phone #:

Clinic/Agency FAX #:

Clinical/Agency Director/E-mail address:

Date referral was requested by member:

Complete Referral Packet must contain all of the following items:

- 1) **Individual Service Plan (ISP)/Treatment Plan** – needs to include **Peer Support** (both individual and groups), **Skills Training** (both individual and groups). **Signed by Member and Staff with Credentials** (please include Affidavit, if ISP does not have BHP signature).
- 2) Assessment (Part E) - must cover ISP dates of service. **Signed & Dated by Staff and BHP; if Part E/Assessment does not have BHP's signature and date, please include Affidavit page.**
- 3) Release of Information (ROI from clinic to Hope Lives)

All forms must include a valid signature both clinical and member, including signature date

Packets must be complete within 72 business hours

Any questions please call 1-855-747-6522.

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Referral Questionnaire

Is Recipient currently on probation/parole? Yes No (circle one)

If "Yes," Probation/Parole Officer's Name:

Phone #: _____ email address: _____

Surveillance Officer's Name: _____

Phone #: _____ email address: _____

Is Recipient a registered Sex Offender? Yes No (circle one)

Is Recipient represented by a Guardian? Yes No (circle one)

If "Yes," Guardian Name: _____

Phone #: _____

Is Recipient represented by an Advocate from the Office of Human Rights?

Yes No (circle one)

If "Yes," Advocate Name: _____

Phone#: _____ email address: _____

Is Recipient currently on Court Ordered Treatment? Yes No (circle one)

Please make sure to submit this form with the Referral Checklist.