

# Catholic Charities of Broome County Health Home

## CARE MANAGEMENT REFERRAL

Please submit referral:

Catholic Charities Central Referral  
290 Front Street  
Binghamton NY 13905

Phone 607-723-9991 x 317  
Fax 607-584-0122

Referral Agency \_\_\_\_\_ Referral Date \_\_\_\_\_

Referral Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
Street Apt No

City State ZIP +4 County

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Home Cell

Gender  M  F SSN \_\_\_\_\_

Medicaid # \_\_\_\_\_  Medicare # \_\_\_\_\_

MCO  Excellus  Fidelis  CDPHP  United Healthcare  Other \_\_\_\_\_

SSI  Yes  No  Pending \$ \_\_\_\_\_ SSD  Yes  No  Pending \$ \_\_\_\_\_

Public Assistance \$ \_\_\_\_\_  VA \$ \_\_\_\_\_  Pension \$ \_\_\_\_\_

Other \_\_\_\_\_

Primary Language:  English  Spanish  Other \_\_\_\_\_

### Emergency Contact

Name Phone Relationship

Street Apt No City State ZIP +4

### Health Home Qualifying Conditions

AIDS / HIV  
 Primary MH \_\_\_\_\_  
Diagnosis

SUD (Substance Use Disorder)  
Diagnosis  
Diagnosis

Diabetes  
 Hypertension (High Blood Pressure)  
 Asthma  
 Heart Disease  
 High BMI (> 25)

Other Chronic Conditions  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_