



East Village Access PROS Program Referral Form

Please complete the following referral. It can be emailed or faxed to the Program Director Courtney Engelstein, at cengelstein@communityaccess.org or 917-633-4337. If you have any questions, please call 212-780-9008 ex 7204.

Referral Date: _____

Referral Form

Program Name:	East Village Access
Participant Name:	
Participant Address:	
Participant Phone:	
Participant DOB:	
Mental health Diagnosis:	
Medical Diagnosis	
Medicaid/ Medicare Number:	
MCO Plan/ID	
Referral Source:	
Referral Contact (name & phone)	
Supportive Services Contact:	
Additional supports:	
Emergency Contact (name & phone):	

Section I: Mental Health Treatment

Is the participant currently receiving psychiatric treatment or psychotherapy? If so, where, when, and how often? List provider's contact information.



What is the participant's current medication regimen?

Is the person interested in connecting with our prescriber and clinical services?

Section II: Physical Health

Does the participant have any medical concerns/ conditions/ physical limitations? Please list primary care provider name and contact information?

Does the participant take medication for these conditions? If yes, please list the medications.

Section III: Housing

Describe participant current housing situation: Supportive/ Assisted housing, Independent, with family or friends, homeless (shelter), hospital, other treatment facility, and or transitional housing.

Section IV: Interest for PROS

What kind of support would the person like to receive from our program and what kind of rehabilitation work/domains would they like to engage (living situation, education/learning, working, health and wellness)?