

**ALLIANCE, INC. CASE MANAGEMENT**

7701 Wise Avenue  
Dundalk, Maryland 21222

To: Assistant Director, Ms. Diane Richards tel. 410-282-5900 x 3231

Date: \_\_\_\_\_

**Consumer Name:** \_\_\_\_\_

Consumer Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Legally Authorized Representative: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M/F Race: \_\_\_\_\_

Income Source: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

TEHMA: \_\_\_\_\_ Food Stamps: \_\_\_\_\_ Other Entitlements: \_\_\_\_\_

Pharmacy Assistance #: \_\_\_\_\_

Medical Assistance #: \_\_\_\_\_

**Case Management Services Needed (please check):**

- Housing     Supported Living     Food Stamps     Medical Assistance     TEHMA
- SSI/SSDI     Legal Assistance     Psychiatrist/Therapist     Day Program
- Employment/Vocational Supports     Education Supports/GED     In-home Supports/Outreach
- Social Supports     Mentor     Family Supports     Substance Abuse Treatment

Other (please describe):

\_\_\_\_\_  
\_\_\_\_\_

Current Outpatient Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Psychiatrist/Therapist: \_\_\_\_\_

Most recent diagnoses: Source: \_\_\_\_\_ Date: \_\_\_\_\_

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V: \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

Psychiatric History (where, reason, and dates starting with most recent): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Substance Abuse History/Treatment/Status: \_\_\_\_\_

\_\_\_\_\_

Legal History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERRAL SOURCE**

Name & Position \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

PUBLIC MENTAL HEALTH CASE MANAGEMENT SERVICES

**CHECK ALL CRITERIA THAT APPLY TO THIS CLIENT.**

**Eligibility requirements:**

- ❑ **MENTAL HEALTH DIAGNOSIS**
  - PLUS one of these conditions:**
- ❑ Medical Assistance
- ❑ Uninsured consumer with limited income (or child with limited family income)
- ❑ Uninsured consumer with “Gray Zone” status:
  - Enrollment in PAC (Primary Adult Care)
  - Client served by the public mental health system during the past two years
  - Child eligible for MCHP with application submitted and approval pending
  - Homeless
  - Monthly SSDI due to mental health disability
  - Conditional release from a psychiatric hospital in Maryland or from a Crisis Residential program
  - Discharged within last 3 months from a psychiatric hospital in Maryland
  - Discharged within last 3 months from prison/ detention center

**Note:** regarding clients **age 65+** who do not meet the above criteria, but who have limited income, call Diane Richards of Alliance to discuss, at 410-282-5900 x 3231.

**Priority populations:**

Priority shall be given to individuals who meet the criteria below **and** who also have at least one of these needs:

- ❑ Linkage to mental health services
- ❑ Basic supports for shelter, food, and income
- ❑ Help with transitioning from one level of care to another.

**Children & adolescents** with serious emotional disturbance, who are at risk for, or are being discharged from, one of these services:

- ❑ Inpatient psychiatric treatment
- ❑ Treatment in a Residential Treatment Center (RTC), or,
- ❑ Out of home placement due to multiple life stressors

**Adults** with a serious mental illness who meet one of these criteria:

- ❑ At risk for inpatient psychiatric treatment
- ❑ Being discharged from inpatient psychiatric treatment
- ❑ Homeless or in Shelter Plus Care
- ❑ Residing in independent housing and need of services to retain their housing
- ❑ Being released from a detention center

=====  
**Exclusions:**

- Clients receiving PMHS services such as **Mobile Treatment, PRP or TBS**, which also involve case management.
- Clients receiving **intensive case management from any other agency**, e.g. DSS Family Preservation.