

ELCAM REFERRAL/ELIGIBILITY CRITERIA FORM

Elcam, Inc. – Saint Marys Location
189 West Creek Road Saint Marys, Pennsylvania 15857
Phone: 814-781-7101 Fax: 814-834-1560

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GENERAL INFORMATION

DATE _____
NAME _____
ADDRESS _____
PHONE _____
BIRTH DATE _____
BSU # _____
SS# _____
REFERRAL SOURCE _____
REFERRAL PHONE# _____
OTHER AGENCIES INVOLVED _____

INTERESTED IN (Please check all that apply)

_____ Sheltered Workshop
OF HOURS _____
CONTACT PERSON Jennifer Greenthaner
PHONE 814-781-7101 Ext. 119
_____ Monday CHIPP Group (Elcam Community Center)
OF HOURS 5.5
CONTACT PERSON Naomi A. Tucker
PHONE 814-781-7101 Ext. 124
_____ Thursday CHIPP Group (Elcam Community Center)
OF HOURS 5.5
CONTACT PERSON Naomi A. Tucker
PHONE 814-781-7101 Ext. 124

DIAGNOSIS

AXIS I _____

AXIS II _____
AXIS III _____
AXIS IV _____
AXIS V GAF _____

MEDICATIONS

Please list all medications and dosage.

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CURRENT SITUATION
LIVING ARRANGEMENTS _____

Reason for referral _____

In what types of activities/skill development has the individual expressed a need and/or demonstrated an interest?

TRANSPORTATION AVAILABILITY _____

ALL REFERRALS MUST INCLUDE

_____ Psychiatric Evaluation
_____ BSU Referral Sheet