

### REFERRAL TO PROVIDER

#### PROVIDER INFORMATION

DATE REFERRED \_\_\_\_\_ SERVICE PROVIDER'S NAME \_\_\_\_\_

ADDRESS (No., Street) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT PERSON'S NAME (First, M.I., Last) \_\_\_\_\_

APPOINTMENT DATE AND TIME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SERVICE(S) REQUESTED:

#### THE SNA E&T PROGRAM INTRODUCES

PARTICIPANT'S NAME (Last, First, M.I.) \_\_\_\_\_

JAS ID NUMBER \_\_\_\_\_ AZTECS NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS (No., Street) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PARTICIPANT'S SIGNATURE \_\_\_\_\_

SNA E&T SPECIALIST'S NAME (First, M.I., Last) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ RETURN FAX NUMBER \_\_\_\_\_

#### SERVICE(S) PROVIDED (For Use By The Receiving Agency)

LIST SERVICE(S) PROVIDED:

ACTUAL START DATE \_\_\_\_\_ ACTUAL END DATE \_\_\_\_\_

OUTCOME:  Client kept appointment     No Show     Client refused services  
 Services pending     Services began     Services completed     Services denied

COMMENTS:

SERVICE PROVIDER AUTHORIZED REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SERVICE PROVIDER AUTHORIZED REPRESENTATIVE'S NAME (Please print) \_\_\_\_\_ TITLE \_\_\_\_\_

**REFERRAL TO PROVIDER**

- A. **PURPOSE** - To refer SNA E&T Program participants to services or activities, advise provider of services needed and to verify that participant kept the appointment and the outcome of the services provided.
- B. **COMPLETION** - SNA E&T will complete all information except **PARTICIPANT'S SIGNATURE** and the section on **SERVICE(S) PROVIDED**. All items are self-explanatory.

The service provider will complete the **SERVICE(S) PROVIDED** section including **START DATE, END DATE, OUTCOME, SERVICE PROVIDER AUTHORIZED REPRESENTATIVE'S SIGNATURE AND DATE, PRINT NAME AND TITLE**. *CHECK ONLY THE BOX(S) THAT APPLY TO THE PARTICIPANT.*

- C. **ROUTING** - A copy is retained in the case record. A copy is given to participant. Original and a copy go with participant to provider. Provider completes the **SERVICE(S) PROVIDED** section, retains original and returns a copy to SNA E&T Specialist.

**NOTE TO SERVICE PROVIDERS:** Please complete the **SERVICE(S) PROVIDED (For Use By The Receiving Agency)** section of this form. Return a copy to the SNA E&T return address as shown or fax form to fax number listed. IT IS VERY IMPORTANT that you retain the original for your files. It is verification of service(s) provided and a requirement of the SNA E&T Program monitoring process.

- D. **RETENTION** - To be retained in the participant's case record until the record is destroyed.

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