



NATIVE AMERICAN CONNECTIONS

Thank you for your interest in our programs! We are looking forward to assisting your client with their needs. To ensure appropriate coordination of care, please **fax** the following items to the attention of Eligibility at 602-424-1623 or email to [intake@nativeconnections.org](mailto:intake@nativeconnections.org).

- Basic demographic info sheet, including client's name, birthdate, Social Security number, address, and phone number.
- Contact information for referral source.
- Indicate what program client is being referred for (outpatient and/or residential).
- Current** AZDHS assessment or review (Part E), completed within the past year.  
*Must indicate substance abuse diagnosis on Axis I if substance abuse services are being requested.*
- Most recent** psych evaluation, if applicable.
- Current** medication list if referred for residential.
- Current** RHBA demographics.
- Current** service plan- indicating what client is being referred for and states that client is being referred to NAC for services.

**For Tribal and Out-of-State Referrals, please include:**

- Basic information sheet, including client's name, birthdate, Social Security number, address, and phone number.
- Contact information for referral source.
- Indicate what program client is being referred for (outpatient and/or residential). If residential, will the client be bringing children? If so, what are their ages/gender? Does the client have custody of the children or legal documentation to demonstrate guardianship?
- Current** psychosocial/assessment that has been completed within the past year.  
*Must indicate substance abuse diagnosis on Axis I if substance abuse services are being requested.*
- Most recent** psych evaluation, if applicable. Most recent med sheet.
- Current** medication list (all medications, doses and plan for how client will get refills if they don't bring in 45 days worth of medication) if referred for residential.
- Current** service plan.
- Medical clearance** (physical + Tb test). If client has had tb or been exposed to tb we will need verification that client does not have tb (usually x-ray results).
- Funding** Who will be paying for treatment and how will the client be getting to NAC?

Once we have received a complete referral, we will contact you to schedule a phone assessment.

Thank you!