Jemcare

Email: intake@jemcare.org
Phone: (718) 506-0721
Fax: (718) 421-9157

Adult's Health Home Referral Form

Member Demographics	
Last Name:	First Name:
DOB (mm/dd/yyyy):	Gender: ☐Male ☐Female ☐Other
Medicaid ID:	MCO Plan (if any):
HARP: ☐Yes ☐No	Preferred Language:
Home Phone:	Cell Phone:
Emergency Contact:	Email:
Address:	
Type Of Residence: ☐Private Residence ☐Homeless Shelter/ Emergency Housing	☐Homeless (Street/ Park/ Drop-in center/ Other): ☐Other (Specify):

Referral Information	
Type of Referral Sources: ☐Community Based Organizations ☐Medical Providers ☐Hospital	☐Family ☐MCO ☐Other (Specify):
Referring Agency/ Program Facility:	
Referring Worker's Name:	
Referrer's Phone Number:	

Member Eligibility		
Diagnosis: Members must have two or more chronic conditions or one of the single qualifying conditions		
Two (or more) Chronic Conditions: ☐Hypertension ☐Asthma ☐Obesity ☐Other:	☐Diabetes ☐Heart Disease ☐Substance Abuse	Single Qualifying Condition: ☐HIV/ AIDS ☐Sickle Cell Anemia ☐Serious Mental Illness (Specify):

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Appropriateness/Risk Factors: Members must also meet any of the following risk factors to qualify for Health Home services
☐ Difficulty navigating system due to member's (or guardian) physical or behavioral health condition such as transportation, hygiene, managing finances or scheduling medical appointment ☐ Does not have specialist to treat physical or behavioral condition or has not seen a provider (e.g., PCP, BH, etc.) in the last year ☐ Deficits related to lifestyle, illness, or treatment (such as medication side effects, home environment, isolation, cognitive or mental decline like dementia, aging, hospitalization, etc.) ☐ Not adherent to or having difficulty managing treatment or certain medications. ☐ Release from medical, psychiatric, crisis stabilization, residential treatment settings or detox admission, or incarceration in the last 6 months ☐ Currently impacted by violence at home or by intimate partner ☐ Needs assistance applying for/accessing benefits such as SNAP, SSI, Housing Support, HEAP, Cash Assistance, medical entitlements etc. ☐ Unable to access food due to financial limitations, inability to shop, dietary restrictions, etc. ☐ Currently homeless or has no stable living arrangement ☐ Recent change in guardianship/caregiver's or guardian being institutionalized themselves
Additional Information/ History: