To make a referral through the Statewide Waitlist please complete this coversheet and include with the referral packet items listed below.

**Waitlist Referral Date:** Click or tap to enter a date.

**Referring Agency Name:** Click or tap here to enter text.

**Referring Person Name:** Click or tap here to enter text.

**Referring Person Phone Number:** Click or tap here to enter text.

**WAITLIST ID #:** Click or tap here to enter text.

**Priority Population (check all that apply):** Pregnant IV Drug use in past 30 day

**Level of Care Recommended:** 3.1 3.3 3.5 3.7 4.0 WM

**Patient Full Legal Name:** Click or tap here to enter text.

**Gender:** Male Female Other Click or tap here to enter text.

**Social Security # (Last 4 only):** Click or tap here to enter text.

**Date of Birth:** Click or tap to enter a date.

**Patient Address:** Click or tap here to enter text.

**Patient Phone Number:** Click or tap here to enter text.

**Insurance:**

None

IDPH/IPN Eligible

Medicaid

Medicare

Other Third Party Insurance (Wellmark,

UHC, etc.)

**The following documentation is minimally required as part of the referral packet.**

Signed Consent/Release of Information

The patient’s completed assessment (including biopsychosocial history).

The most recently completed ASAM (must include level of care recommendation)

Please note that without a release of information, the patient may not be placed on the Statewide Wait list and a referral packet may not be sent.

**Additional Comments:**

Click or tap here to enter text.