



# Referral Request

## Student Information

## Provider Agency Information

Your Name:

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Case Manager Name:

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Date of Birth:

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Provider:

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Address:

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Site:

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City, State, Zip:

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Telephone #:

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Telephone #:

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Email:

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Email:

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By providing the above information, I give Camp Wellness permission to contact me and to release and exchange information with my provider to coordinate my referral to Camp Wellness.  
I can opt out anytime and my information will remain private.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

Are you an adult member of a GMH/SA TXIX or SMI program?  Yes  No

*Your agency will need to complete a Specialty Agency Referral packet which includes:*

- Current Annual Update (Part E) or Original Assessment (Part B Core Assessment) signed by a BHP.
- Demographic including ICD-10 codes, student's current mailing address and contact information.
- Individual Service Plan with a treatment goal for Camp Wellness e.g. "I want to improve my health and wellness by attending UA RISE Camp Wellness", and list Support & Rehabilitative Services with the student's attendance frequency per month, signed by the member and a BHP.
- Sign and return this application with the required documents via fax to 520-396-2306 or secure email to fcmreferrals@email.arizona.edu.
- Signed & dated Release of Information Form listing Camp Wellness.
- Cenpatico Specialty Provider Referral Checklist.

*Come have fun while improving your health at [www.campwellness.org](http://www.campwellness.org)!*

**Questions? Call 520-396-2310 or toll free 1-844-396-2310.**

The Health & Wellness Center is administered by Recovery thru Integration, Support & Empowerment (RISE) in the Department of Family and Community Medicine (DFCM) at The University of Arizona. Cenpatico Integrated Care (Cenpatico) services are funded through a contract with the Arizona Department of Health Services (ADHS) and AHCCCS.