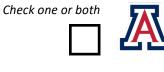
UA RISE Application







Family & Community Medicine 520-621-1642

No length of sobriety requirements, as recovery is self-directed.

Sign and return this application via fax to 520-621-6663 or secure email to fcmreferrals@arizona.edu.

Your Name:	Are you on AHCCCS?	Ves	🗆 No
Date of Birth:	Are you an adult member of a GMH/SA TXIX or SMI program?	Sec. 4	□ No
Address:	Health Plan:		
, (44(65))	Behavioral Health		
City, State, Zip:	Provider:		
Telephone #:	Provider Telephone #:		
Email:	Case Manager Name:		

Preferred pronouns:

For workforce Development Program Recovery Support Specialist Institute Applicants Only:								
Are you employed?	Q Yes	No		Do you have a High School Diploma or GED?	Yes	No		
What is the most important reason you are applying?				 To gain employment as a Peer To support my recovery To keep my health insurance 				
Please include:				 One page "Why I Want to be an RSS" letter Two Letters of Character references 				
I certify that this information is correct and I ha	ve not beer	n certified i	in Pe	eer Support by any other agency:	Ves	□ No		

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

Applicant Signature

 \square Consented via phone

For Providers

Please provide the following documents to complete a referral:

- Specialty Agency Provider Referral Checklist.
- Demographic including ICD-10 codes, student's current mailing address and contact information.
- Current Annual Update (Part E) or Assessment (Part B Core Assessment) signed by a BHP.
- Individual Service Plan with a treatment goal for
 - Camp Wellness
 - □ List Peer Support (H0038, H0038 HQ), Skills (H2014, H2014HQ), Health Promotion (H0025, H0025HQ) with attendance frequency per month, signed by the member and a BHP.
 - Uworkforce Development Program/Recovery Support Specialist Institute
 - List Peer Support (H0038, H0038 HQ), Skills (H2014, H2014HQ), with attendance frequency of 1-5x weekly.
- Signed & dated Release of Information Form naming UA RISE.
- □ Sign and return this application with the required documents via fax to 520-621-6663 or secure email to fcmreferrals@arizona.edu.

Questions for Camp Wellness? Call 520-621-7473/toll free 1-877-535-6170, or visit www.campwellness.org Questions for Workforce Development? Call 520-621-1642 or visit www.rise-workforce.org