

UA RISE Application



520-621-7473

Check one or both



**WORKFORCE
DEVELOPMENT
PROGRAM**

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 fcmlreferrals@arizona.edu.

Your Name:

Are you on AHCCCS?

Yes No

Date of Birth:

Are you an adult member of a
GMH/SA TXIX or SMI program?

Yes No

Address:

Health Plan:

City, State, Zip:

Behavioral Health
Provider:

Telephone #:

Provider
Telephone #:

Email:

Case Manager
Name:

Preferred pronouns:

For Workforce Development Program Recovery Support Specialist Institute Applicants Only:

Complete the mandatory pre-screening at: <https://redcap.uaahs.arizona.edu/surveys/?s=4HWMW7DWLYTJKYLK>

Are you employed? 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 have not been certified in Peer Support by any other agency: Yes No

Visit <https://www.fcm.arizona.edu/workforce-development-program/ihrss-institute> for additional information

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

Date

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.
 - Workforce 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