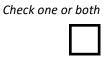
## **UA RISE Application**







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?	
Date of Birth:	Are you an adult member of a GMH/SA TXIX or SMI program?	
Address:	Health Plan:	
City, State, Zip:	Behavioral Health Provider:	
Telephone #:	Provider Telephone #:	
Email:	Case Manager Name:	
Preferred pronouns:		
For Workforce Development Program Recovery Su	upport Specialist Institute Applicants Only:	
Complete the mandatory pre-screening at: https://redcap.uahs.arizona.edu/surveys/?s=4HWMW7DWLYTJKYLK		
Are you employed?	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:		
Visit https://www.fcm.arizona.edu/workforce-development-p	orogram/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	

Where met 5/24

## For Providers

PIE	ease 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.