

# 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 [fcmreferrals@arizona.edu](mailto:fcmreferrals@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:*

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

*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](mailto:fcmreferrals@arizona.edu).

Questions for Camp Wellness? Call 520-621-7473/toll free 1-877-535-6170, or visit  
[www.campwellness.org](http://www.campwellness.org)

Questions for Workforce Development? Call 520-621-1642 or visit  
[www.rise-workforce.org](http://www.rise-workforce.org)