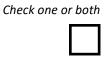
UA RISE Application







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?	☐ 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 Su	pport Specialist Institute Applicant	s Only:	
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" let Two Letters of Character references	ter	
I certify that this information is correct and I have not been certified in P	eer Support by any other agency:	☐ Yes	□ No
By providing the above information, I give UA RISE permission to with my provider to coordinate my referral. I can opt out			
Applicant Signature Date	Consented	d via phon	e

Where met 3/23

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.