Care Management for At Risk Children (CMARC) Referral Form

Internal Use: Date Referral Received:

CMARC - Target Population Birth to 5 Years

Child's Name:	Referral Date (mm/dd/yyyy):
Date of Birth (mm/dd/yyyy):	Gender: ☐ Female ☐ Male
Race: ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Caucasian or White ☐ Black or African American ☐ Other **If Hispanic/Latino**: ☐ Mexican ☐ Mexican-American ☐ Puerto Rican ☐ Cuban ☐ Other	
Medicaid ID #:	☐ Uninsured ☐ Health Choice ☐ Private Insurance
Applied for Medicaid? ☐ Yes ☐ No	Name Private Ins. Company:

Parent or Guardian Information

Parent/Guardian's Name:		Date of Birth (mm/dd/yyyy):	
Primary Language Spoken in Home:		Needs Interpreter? ☐ Yes ☐ No	
Street Address:			
P.O. Box:	City:	Zip Code:	County:
Home Phone #: ( ) -		Cell Phone #: ( ) -	
Employer:		Work Phone #: ( ) -	
Relative/Neighbor Contact Name:		Contact Phone #: ( ) -	

Referring Medical Home, Agency or Organization

Referral Organization:	Contact Person:
Contact Phone Number: - -	Contact Fax Number: - -
Contact Email:	☐ Check here if you are child's PCP/Medical Home.
Parent/Guardian Informed of Referral? ☐ Yes ☐ No	
Child's Primary Care Provider, if not listed above:	

Target Populations for Referrals[1]

☐ **Child with Special Health Care Needs (CSHCN)** - Defined as a child at increased risk for a chronic physical, developmental, behavioral, or emotional condition that has lasted or is expected to last at least 12 months and who requires health and related services of a type or amount beyond that required by children generally.

Specific concern: _____

If developmental concern, has child been referred for Early Intervention Services? ☐ Yes ☐ No

☐ **Infant in Neonatal intensive Care Unit (NICU)**

☐ **Other Please specify:**_____

Child experienced adverse childhood event: includes, but is not limited to:

- ☐ Child in foster care
- ☐ History of abuse and neglect
- ☐ Caregiver unable to meet infant's health and safety needs/neglect
- ☐ Parent(s) has history of parental rights termination
- ☐ Parental/caregiver/household substance abuse, neonatal exposure to substances
- ☐ CPS Plan of Safe Care referral for "Substance Affected Infant" **(Complete section "Infant Plan of Safe Care")**
- ☐ Child exposed to family/domestic violence
- ☐ Unsafe where child lives / environmental hazards or violence
- ☐ Incarcerated family or household member
- ☐ Parent/guardian suffers from depression or other mental health condition, maternal postpartum depression
- ☐ Homeless or living in a shelter / Unstable housing
- ☐ Other Please specify: _____

Medical Home Referral[2]

☐ Check here if primary care provider (listed above) would like to make a direct referral for CMARC care management.

Specify reason for referral if not indicated above: _____

Notes:

[1] If any of the boxes under "Target Populations for Referral" is checked, the child is eligible for CMARC Program and will receive a comprehensive health assessment.

[2] If the Medical Home provider checks the "direct referral" box, the child is automatically referred for CMARC care management. The CMARC care manager may contact the Medical Home to clarify the need, as appropriate.

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Referral Form

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Infant Plan of Safe Care	
Child's Name:	
Date of Birth (mm/dd/yyyy):	
Based on information known at intake and the services provided by CMARC, infant and family could benefit from the following (check all that apply): **Comments:**	☐ Comprehensive health assessment to identify a child's needs and plan of care, including Life Skills Progression ☐ Linkage to medical home and communication with primary care provider ☐ Services and education provided by CMARC care managers that are tailored to child and family needs and risk stratification guidelines. ☐ Identify and coordinate care with community agencies/resources to meet the specific needs of the family. Please specify below: ☐ Evidence-Based Parenting Programs ☐ LME/MCO or mental health provider ☐ Home visiting programs, if available ☐ Housing resources ☐ Food resources (WIC, SNAP, food pantries) ☐ Assistance with transportation ☐ Identification of appropriate childcare resources ☐ Other _____ ☐ Screening for referral to Infant-Toddler Program through Early Intervention for infants with diagnosis of Neonatal Abstinence Syndrome or for infants with developmental concerns ☐ Assessment of family strengths and needs and how they influence the health and wellbeing of the child