



**REFERRAL FORM – Next Step Program**

**Who is submitting this referral?**

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**What is the best way for us to follow up on this referral?**

Contact referring source directly     Contact person/family being referred directly

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**Who is being referred?**

Age: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Social Security# \_\_\_\_\_

Parent/Guardian's Name (for persons under age 18): \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Phone#: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_

School attending (if applicable): \_\_\_\_\_

**Is substance abuse treatment court ordered?**     Yes     No

**Any substances being used or suspected of being used:** \_\_\_\_\_

**Please indicate source of payment for services:**     Anthem (Medicaid)     Aetna (Medicaid)  
 Humana (Medicaid)     Passport (Medicaid)     Wellcare (Medicaid)     Private insurance  
 No insurance     Self-pay

**Insurance ID:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Medicaid or Group ID:** \_\_\_\_\_

**Reason for referral/presenting problem:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send referrals by email to [aime.kunes@kyumh.org](mailto:aime.kunes@kyumh.org) or by fax at (859) 241-3787

For questions about Next Step program services call (859) 523-2970 or (859) 523-2979