



**REFERRAL**

Phone (231) 947-8920 or (800) 442-1713 | Fax: (231) 947-6401

**Referring Provider/Organization Information**

Name: Provider/Organization

Date Referred: Phone:

Is person aware of referral? \_\_\_\_ Yes \_\_\_\_ No

**Patient or Client Referred to AAANM**

Name: Date of Birth:

Address: Medicaid (Y/N):

Phone: Medicaid #:

County of Residence: Disability Determination (Y/N):

Contact Person (if not client):

Relationship to Patient: Phone:

**Reason for Referral to AAANM**

Primary Concern:

Program Referral (if applicable/known):

Options Counseling \_\_\_\_ MI Choice Waiver \_\_\_\_ Care Management \_\_\_\_ Case Coordination & Support \_\_\_\_  
Community Transition Services (Nursing Facility Transition) \_\_\_\_ Other \_\_\_\_

*If Community Transition Service (CTS) referral, what potential barriers exist to returning to community:*

Diagnosis or Issue:

Other Comments:

Please call AAANM at (231) 947-8920 or (800) 442-1713. Ask for Access & Eligibility Team to discuss a referral.  
AAANM is open Monday-Friday 8:00 a.m.-4:30 p.m. (except on major holidays)

[www.aaanm.org](http://www.aaanm.org)