

**Kalamazoo County Community Mental Health
Access Center-Request for Service Guide (269) 373-6000**

The exception is that whenever possible the consumer who is in need of service will be the caller. If the consumer is not able to make the call himself/herself, then the consumer must be nearby the person who is making request on their behalf. The caller needs to tell the information and referral (I&R) worker that the consumer is not able to communicate his or her needs over the phone, so the caller is requesting help for the consumer.

The following questions may be asked as part of the I&R process. The consumer/caller may fill in the information and read it to the I&R worker.

I am a person with: (circle all that apply)

a developmental disability, emotional disorder, mental illness, substance use disorder.

And need support coordination with: (circle all that apply)

supported living, supported employment, medical issues, guardianship, person centered planning, Respite, court/legal issues.

The consumer or caller will need to know:

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|--------------------------------------|---|
| a. Name _____ | q. Special Education Services Received
_____ |
| b. Social Security Number _____ | _____ |
| c. Birthdate _____ | r. 504 Plan? _____ |
| d. Phone _____ | s. Presenting Problem— Indicate that the student has a “developmental disability (or serious emotional disorder, mental illness or substance use disorder) and needs support coordination assistance with...(respite, guardianship, person centered planning, supported living, supported employment)” . |
| e. Street _____ | |
| f. City _____ | t. Primary Current Services (DHS, Medicaid, SSI, SSDI, MRS, Court, etc.) |
| g. Zip Code _____ | u. Service Past Years (Court, DHS, SSI, Medicaid, SSDI, etc.) |
| h. County _____ | v. Substance Abuse History and Risk Assessment (may not be asked at the initial call, but, will be addressed at the intake) |
| i. Township _____ | |
| j. State _____ | |
| k. Population _____ | |
| l. Race _____ | |
| m. Gender _____ | |
| n. Military Status _____ | |
| o. LEP (Limited English Proficiency) | |
| p. Primary Language Spoken _____ | |

Narrative-the I&R worker will indicate what the formal request is by the consumer/caller, including any concerns the consumer has. The I&R worker may also indicate that the consumer needs a home visit, rather than coming in to CMH. This must be based on the degree of difficulty for the consumer to leave the house i.e. intensive medical reason, home-bound, ect.

The I&R worker will fill out:

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|--|---|
| 1. the start date (date of referral), | 3. inquiry type (intake or consultation), |
| 2. contact type (routine or emergent), | 4. requester (consumer or callers name) |
| | 5. location of contact (phone or walk in) |