



Community Healthcare Network

60 Madison Avenue 5th Fl.
New York, NY 10010
(855) 246-4422

Please send all referrals with supportive documentation of patient's diagnosis via **SECURE EMAIL** to HealthHome@chnnyc.org OR Fax: 212-725-7766
Referral point of contact: Program Coordinator- Sidenyia Ulysse Tel#: 212-545-6243

- To qualify for the CHN Health Homes Program: • Have an active Medicaid and 21 years of age or older
- Have two or more chronic conditions or a single qualifying condition HIV/AIDS or Serious Mental Illness Diagnosis
- Need/Appropriateness

Referral Date: _____ Discharge Date: _____ Referring Provider Name: _____
Institution Name: _____ Referring Provider Title: _____
Type: OUTPATIENT / INPATIENT Referring Provider Telephone #: _____

Patient Demographic Information

Patient Name: _____ Medicaid #: _____ Gender: _____ Is patient living in a Shelter: Y / N
DOB: _____ Phone: _____ Race: _____
Patient Address: _____ SS#: _____ Primary Language: _____ Nursing Home: Y / N
City: _____ Apt/Suite: _____ NYSID# (Criminal Justice): _____ Secondary Language: _____ Adult Home Facility: Y / N
State: _____ Zip: _____

Emergency Contact Information

Name: _____ Relation to Client: _____ What is the patient HIV Status? Negative: Positive:
Phone: _____ If patient is HIV+ is the emergency contact **Aware of Status**:
Address: _____ Yes No N/A
City: _____ State: _____ ZIP: _____

Type of Referral:

- Chronic Condition (Specify): _____
- Behavioral (Specify): _____
- ACT NYSID (Criminal Justice)
- AOT Adult Home
- HARP OMH Psychiatric Facility

Services Needed:

- Mental Health/Counseling
- Family Therapy
- Services for Minor Children
- Substance Use Treatment
- Harm Reduction Referrals
- TB Testing and Follow-up
- Entitlements Assistance
- Housing
- Other: _____

- Legal Services
- Linkage to Care
- Appointment reminders
- Treatment Adherence
- Chronically Ill
- GYN Care
- Support Groups/Specify: _____
- Discharge Planning
- Dental/Vision Care

Please attach supportive documentation for any of the above programs/conditions

Other Pertinent Information: _____