Hennepin County AMH-TCM Contracted Provider

Intake/Opening Form

Return this form in an encrypted email to: HSPH.OS.BH@hennepin.us

|  |  |
| --- | --- |
| Person’s last name |  |
| Person’s first name |  |
| SSN |  | Person’s date of birth |  |
| **Verify eligibility by calling 612-348-4111 or email socialservices@hennepin.us** |
| Date of verification |  | Hennepin staff who verified eligibility |  |
| County of Financial Responsibility (CFR) |  | Person’s insurance provider |  |
| PMAP |  | PMI number |  |
| Is the person a Hennepin County resident? |  | Is the person eligible for case management services in Hennepin? |  |
| Is the person open to other Hennepin County services? |  |
| Date of diagnosis/DA (must be within the last 6 months) |  | Name of primary diagnosis |  |
| ICD 10 score |  | WHODAS score (optional) |  |
| Case opening date |  |
| Provider name & Program |  |
| Supervisor |  | Phone |
| Case Manager |  | Phone |
| Include an ***Information Disclosure NonEPIC/Tennessen Notice*** signed by the person with this form, in an encrypted email to: HSPH.OS.BH@hennepin.us |