

Please send email referrals to:  
**Referrals@amayinc.com**



THE HSC HEALTH CARE SYSTEM  
 Health Services for Children  
 with Special Needs, Inc.

**Pre Screening Questions**

1. Is the member age 5 or older?
2. Is the member able to articulate without the assistance of an adult or communication device?

If yes was answered to both please proceed to complete referral for member.

### AprilMay Referral Form (All Service Types)

#### General Information

<b>Referral Date</b>	
<b>Referral Reason</b>	<input type="checkbox"/> Inpatient <input type="checkbox"/> ED <input type="checkbox"/> General
Admission Date <i>(if applicable)</i>	
Discharge Date <i>(if applicable)</i>	
Treating Diagnosis Code	
Comments (sequence of events, behavior status, etc)	

#### Enrollee and Caregiver Information

Enrollee Name:	Enrollee Medicaid ID #:
Enrollee DOB:	Enrollee Eligibility Start Date:
Enrollee Address:	Enrollee Telephone:
Caregiver Name:	Enrollee/Caregiver Email:
Caregiver Telephone:	Enrollee Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Enrollee Preferred Pronouns:

#### HSCSN Care Manager Information

Care Support Specialist Name	
Care Support Specialist Telephone	
Care Support Specialist Email	
Care Manager Name	
Care Manager Telephone	
Care Manager Email	
Supervisory Care Manager Name	
Supervisory Care Manager Telephone	
Supervisory Care Manager Email	

#### Enrollee Provider Information

PCP Name	
PCP Telephone	
PCP Email	
BH Provider Name	
BH Provider Telephone	
Facility Name	
Facility Contact Name & Telephone Number	
Facility Contact Email	

**For more information visit [www.hscsnhealthplan.org](http://www.hscsnhealthplan.org).**

**For reasonable accommodations please call (202) 467-2737.**

If you do not speak and/or read English, please call 202-467-2737 between 7:00 a.m. and 5:30 p.m. A representative will assist you. **English.**

Si no habla o lee inglés, llame al 202-467-2737 entre las 7:00 a.m. y las 5:30 p.m. Un representante se complacerá en asistirle. **Spanish.**

የእንግሊዝኛ ቋንቋ መናገርና ማንበብ የማይችሉ ከሆነ ከጊዜ 7:00 ሰዓት እስከ ቀኑ 5:30 ባለው ጊዜ በስልክ ቁጥር 202-467-2737 በመደወል እርዳታ ማግኘት ይቻላል። **Amharic.**

Nếu bạn không nói và/hoặc đọc tiếng Anh, xin gọi 202-467-2737 từ 7 giờ 00 sáng đến 5 giờ 30 chiều. Sẽ có người đại diện giúp bạn. **Vietnamese.**

如果您不能講和/或不能閱讀英語，請在上午 7:00 到下午 5:30 之間給 (202) 467-2737 打電話，我們會有代表幫助您。 **Traditional Chinese.**

영어로 대화를 못하시거나 영어를 읽지 못하는 경우, 오전 7시 00분에서 오후 5시 30분 사이에 (202) 467-2737번으로 전화해 주시기 바랍니다. 담당 직원이 도와드립니다. **Korean.**

Si vous ne parlez pas ou lisez l'anglais, s'il vous plaît appeler 202-467-2737 entre 7:00 du matin et 5:30 du soir. Un représentant vous aidera. **French.**



This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.

HSCSN complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.