

Department of Health and Human Services Referral Checklist

Please print this form and enclose the following items from your agency to send along with referral.

- ✓ DHHS referral
- ✓ Social summary
- ✓ Prior Authorization
 - Required in the event that an evaluation is being requested or client does not currently have active insurance.
- ✓ Guardianship paperwork
 - If client is in state custody.

OCFS Referral Checklist for children under state guardianship:

- Enclosed are the necessary Kennebec Behavioral Health consents and treatment documents to be completed prior to scheduling initial assessment. (Forms are available on our website, www.kbhmaine.org)
 - ✓ HIPPA and privacy practices
 - ✓ Consent to treatment
 - ✓ Releases of information
 - Insurance carrier
 - Primary Care Provider/Office
 - School
 - Foster Parents or Biological Parents
 - Additional releases for other service providers, ex. home supports, case management agency, hospitalizations.

Please make sure to indicate which office the client would like to be seen in:

- **Augusta-** 66 Stone Street, 04330
- **Farmington-** 115 Mt Blue circle, 04938
- **Winthrop-** 736 Old Lewiston Rd, 04364
- **Waterville-** 67 Eustis Parkway, 04901
- **Skowhegan-** 5 Commerce Drive, 04976

Once completed, please fax or mail these forms to the appropriate Kennebec Behavioral Health office, attn: Access Center. Access Center fax number- 800-638-3455, alt. 707-1684.

**If you have any questions, please contact the Access Center at 1-888-322-2136, option #3.