



SPOKANE COUNTY
COMMUNITY SERVICES DEPARTMENT

Justin Johnson, Director

Spokane County Counseling and Recovery Services (CAREs)

211 W. Augusta Avenue, Spokane, WA 99205

Telephone: 509-477-4388 / Secure Fax: 509-477-3615

CAREs@spokanecounty.org

Therapeutic Services Referral

Referral Date: _____ Referent name/number: _____

Individual's Full Legal Name: _____ Date of Birth: _____

Social Security Number: _____ Email: _____

Apple Health Managed Care Plan: Molina Healthcare Amerigroup

Community Health Plan of Washington (CHPW)

*In order to be eligible for services through CAREs individuals must have Medicaid and be enrolled with one of the above health plans.

ProviderOne Number: _____ Medicare: No Yes

Current Physical Address: _____

Current Mailing Address: _____

Phone Number: _____ permission to leave messages at this number? Yes No

Alternative Contact Information: _____

How did you hear about our program/services? Website Friend Family Physician*

Behavioral Health Provider* Health Plan Other: _____

*Please complete a Release of Information for Physicians and Behavioral Health Providers.

Guardian/POA (if applicable): _____

Emergency Contact Name: _____ Phone Number: _____

Permission to Contact Yes No

Any special accommodations (wheelchair, interpreter, etc)? If yes, please describe: _____

CAREs Therapeutic Services Requested (select one or more):

Individual Therapy Family Therapy Group Therapy Peer Support

For the Supportive Living Program (SLP), Housing and Recovery Through Peer Services (HARPS), or the Community Integration Program (CIP) please complete either the SLP self-referral form or the SLP provider referral form.

Note: Please include a signed Consent to Release Confidential Information (ROI) with the Referral Form for any referrals from covered entities.

www.spokanecounty.org/CSD

211 W. Augusta Avenue, Spokane, Washington 99205
509.477.5722 T | 800.273.5864 | 800.833.6384 Relay

