

For Providers

Please provide the following documents to complete a referral:

- Specialty Agency Provider Referral Checklist.
- Demographic including ICD-10 codes, student's current mailing address and contact information.
- Current Annual Update (Part E) or Assessment (Part B Core Assessment) signed by a BHP.
- Individual Service Plan with a treatment goal for
 - Workforce Development Program/Recovery Support Specialist Institute
 - List Peer Support (H0038, H0038 HQ), Skills (H2014, H2014HQ), with attendance frequency of 1-5x weekly.
- Signed & dated Release of Information Form naming UA RISE.
- Sign and return this application with the required documents via fax to

520-621-6663 or secure email to fcmreferrals@arizona.edu.

Questions for Workforce Development? Call 520-621-1642 or visit
www.rise-workforce.org