

**Lehigh County Step By Step and Transitional Living Center (TLC) Referral Form**

Please check ONE residential level of care:

**Full-Care CRR \*** – Step By Step or TLC – 24 hr. staff  
(check skills as needed below)

**Moderate-Care CRR \*** – TLC – 10 hr. staff  
(check skills as needed below)

**Fairweather Lodge\*\*** – Step By Step – minimal staff, manage own medications, must be drug & alcohol free for at least 1 year prior to application date, must be employed 15 Hrs. / Wk.  
(check skills as needed below)

**Date of Referral:** \_\_\_\_\_

**Referral Source:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Life Skills Needed – UTILIZE ONLY FOR SERVICES ABOVE:**

- |                            |                                 |
|----------------------------|---------------------------------|
| <b>Budgeting</b>           | <b>Medications</b>              |
| <b>Cooking / Nutrition</b> | <b>Money Management</b>         |
| <b>Daily Structure</b>     | <b>Personal Hygiene</b>         |
| <b>Housekeeping</b>        | <b>Public Trans / Mobility</b>  |
| <b>Interpersonal</b>       | <b>Safety Awareness</b>         |
| <b>Leisure Activities</b>  | <b>Shopping</b>                 |
| <b>Managing Time</b>       | <b>Vocational / Educational</b> |

**Independent Apartments** – Step By Step Congress and Woodward – no staff & unfurnished, must have income, must be drug & alcohol free for at least 1 year prior to application date

**PLEASE NOTE:**

**\* Full Care and Moderate Care levels are transitional with average lengths of stay being 6-9 months.**

**\*\*INDIVIDUALS REFERRED FOR THE FAIRWEATHER LODGE MUST BE GAINFULLY EMPLOYED AT LEAST 15 HRS. / WK.; OR RECEIVING OTHER LEGITIMATE INCOME AND BE WORKING, VOLUNTEERING, OR ENROLLED IN SCHOOL AT LEAST 15 HRS. / WK.**

\*\*\*\*\*

**Name:** \_\_\_\_\_

**County Mental Health Case#:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**BCM/ACT/Case Manager:** \_\_\_\_\_

(Circle One Only)

**Community Psychiatrist:** \_\_\_\_\_

**Current Living Environment:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Current Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Diagnoses:**

**Marital Status:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Primary Dx:** \_\_\_\_\_

**Education (highest grade completed):** \_\_\_\_\_

**ICD-10 Code#:** \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Secondary Dx:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**ICD-10 Code#:** \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_

**Current Day Programming (i.e. – employment, school, volunteering, PHP, psych rehab, clubhouse, etc.):**

**Phone:** \_\_\_\_\_

**Monthly Income:** \_\_\_\_\_ **Source(s):** \_\_\_\_\_

**LEHIGH COUNTY Magellan:** YES NO  
Medicare: Yes - A B D NO

**Outstanding medical conditions / physical limitations:**

**Other Insurance:** \_\_\_\_\_

**Representative Payee:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_

Phone: \_\_\_\_\_

**Legal Charges (past and present):** \_\_\_\_\_

**Probation / Parole Officer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Drug and Alcohol History / Current Treatment:** \_\_\_\_\_

**DATE OF MOST RECENT USE:** \_\_\_\_\_

**Suicidal Behavior / Attempts:** \_\_\_\_\_

**History of Violence:** \_\_\_\_\_

**Symptomology:** \_\_\_\_\_

**Fire Setting History:** \_\_\_\_\_

**Past Agency / Hospital / Treatment Involvement:**

Hospital / Agency / Treatment Facility Name:

Dates:

**REASON FOR REFERRAL... PLEASE DESCRIBE DETAIL OF NEEDS BASED ON LEVEL OF CARE CHOSEN:**

**PLEASE ALSO PROVIDE THE FOLLOWING:**

- Most recent **Psychiatric Evaluation**, and/or Clinical/Treatment notes from the Psychiatric Provider which includes the current diagnoses – **MUST BE** dated from within the past 12 months.

**ALL REFERRALS NEED TO BE FORWARDED TO LEHIGH COUNTY FOR REVIEW:**

- Lehigh County MH/ID/D&A**  
Attn: CRR / Housing Liaison  
17 S 7<sup>th</sup> Street  
Allentown PA 18101  
**FAX#: 610-820-3689 OR 610-871-1455**

**CRR/LODGE/INDEPENDENT APT. REFERRALS NEED TO BE FORWARDED TO THE APPROPRIATE AGENCY:**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Step By Step</b><br>Attn: Intake Personnel<br>623 W Union Blvd<br>Bethlehem PA 18018<br><b>FAX#: 610-882-2497</b> | <input type="checkbox"/> <b>Transitional Living Center</b><br>Attn: Intake Personnel<br>264A Levan St<br>Allentown PA 18102<br><b>FAX#: 610-841-5324</b> |
|---|--|