UNIVERSAL COMMUNITY REFERRAL & ELIGIBILITY APPLICATION FORM
OUTPATIENT /DAY HOSPITAL

INSTRUCTIONS: Please complete this form in its entirety to make a referral to Blythedale Outpatient and/or Day programs. *Please attach any clinical documentation to support eligibility.*			
Today's date:			
Referral Organization:		Name of Person Making the Referral:	
Referral Source Type:	☐*Hospital* ☐*Pediatrician* ☐*School* ☐*Caseworker* ☐*Specialist* ☐*Parent* ☐*Therapist* ☐*Other*	Phone: Email:	
Patient Name: **(Last, First, MI)** *(Include any alias, nicknames or other names the child/youth may be known by)*:			Date of Birth:
Home Address:			
City:	Zip:		County of Residence:
Gender: ☐ Male ☐Female ☐ Non Binary		Language Preference Other Than English: (Including ASL)	
Diagnoses:			
Primary Insurance Provider:		Policy #	
Name of Policy Holder		Policy Holder DOB:	
Phone # for Insurance Provider		Policy Holder's Employer:	
Secondary Insurance Provider:		Policy #	
Name of Policy Holder	Policy Holder DOB:		
Phone # for Insurance Provider	Policy Holder's Employer:	Email:	
Medicaid CIN#	Medicaid Plan Name:		
Other Insurance			
Parent/Guardian Name (s): **(Last, First, MI)**	Phone(s):	Email(s):	
Address if different:			
Reason For Referral:			
Outpatient ☐ Physiatrist ☐ Audiology ☐ Feeding Therapy ☐ Speech Therapy ☐ Physical Therapy ☐ Occupational Therapy	**Equipment/Assistive Technology** ☐Seating/Mobility ☐Augmentative Communication ☐Computer/environmental access ☐ Other	**Day Hospital Programs** ☐ Therapy w/onsite public school ☐ CPSE program ☐ Medical Preschool Program ☐ Specialized Programs	
PERMISSION TO REFER: *You must identify that consent to refer has been obtained and who has given consent to refer. Please note that this can be a verbal consent received.*			
Consenter Name		Consent Date:	
Consenter Relationship:		Consenter Contact Info:	

FOR DAY HOSPITAL ADMISSION:
Email: DHOPDreferral@blythedale.org
Phone: 914-831-2573
Fax: 866-734-2666

FOR OUTPATIENT APPOINTMENTS:
Email: OPDregistrars@blythedale.org
Phone: 914-831-2435
Fax: 866-304-3392