Community Integrated Health Services

Flexible Assertive Community Treatment (FACT) Referral Form

The FACT program provides wraparound services for individuals with chronic behavioral needs. Individuals will have access to a team of staff to meet their goals from Psychiatric, Prescribing, Nursing, Therapist, Peer, Case Manager, and Substance Use Professionals.

This is a voluntary program for individuals who are eligible for Medicaid, who have a primary behavioral health diagnosis, and who meet program eligibility standards.

Instructions:

- Please complete this referral form and attach a copy of your insurance card and any additional information if available.
- Submit this referral form and any attachments in person or via:
  - Email Scheduling@cihealthservices.com
  - Fax: (844) 554-3370 or (360) 748-4480
  - Postal Mail (see last page for mailing addresses.)
- CIHS will confirm receipt of the referral and will contact you within one business day of receipt of request.
- Check the county where you anticipate services being provided:

  ☐ Cowlitz ☐ Lewis ☐ Grays Harbor

- How did you hear about us? _____

Referent Information

Are you Self Referring? ☐ Yes ☐ No (if yes skip to next section)

Agency Name: _____ Date: _____

Contact Name: _____ Phone: _____

Contact Email Address: _____

Individual Requesting Services

First & Last Name: _____ Date: _____

Birthdate: _____ Preferred Gender Pronoun: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Reason for Referral

☐ Behavioral Health Counseling Services
☐ Medication Management
☐ Exploring Employment Opportunities
☐ Skill Building for Self-Care
☐ Assistance with finding housing
☐ Other:

Diagnosis (If Known) and/or Symptoms

Community Integrated Health Services Mailing Addresses:
Cowlitz County: 1128 Broadway, Longview, WA 98632
Grays Harbor County: 618 W. Market Street, Aberdeen, WA 98520
Lewis County: 1616 S. Gold Street Suite #4, Centralia, WA 98531

Phone: (360) 261-6930 or (855) 303-4834 | Fax: (360) 748-4480 or (844) 554-3370
Website: www.cihealthservices.com

For Office Use Only:

Received By: _____Date: _____

Received Via: ☐ Email ☐ Fax ☐ Mail ☐ In-Person ☐ Other_____

Provider One # _____