Community Case Management (CCM) Referral Form

Date: Click here to enter text.

Individual’s MaineCare #: Click here to enter text.

Town or City where individual resides: Click here to enter text.

County: Click here to enter text. Zip Code: Click here to enter text.

MaineCare providers currently serving the individual: Click here to enter text.

Does the Individual need Representative Payee services? Yes [ ]  No [ ]

Is the individual requesting any specialized Community Case Management (CCM)

services (i.e., a signing CCM)? Yes [ ]  No [ ]

If yes, please specify: Click here to enter text.

Contact Information (Please complete info for all involved):

[ ]  Current Case Manager

Case Manager Name: Click here to enter text.

CCM Agency Name: Click here to enter text.

Case Manager Phone Number: Click here to enter text.

 CCM Email: Click here to enter text.

 CCM Supervisor Name: Click here to enter text.

 Supervisor Email: Click here to enter text.

 Supervisor Phone Number: Click here to enter text.

[ ]  Member/Guardian/Other

 Name: Click here to enter text.

Phone Number: Click here to enter text.

Email: Click here to enter text.

**.**

**Submit this fully completed CCM Referral Form to your CCM Agency’s assigned Community Case Management Liaison.**

**Please resubmit this referral form MONTHLY to your CCM Liaison, until the person has been assigned a case manager.**