



**Office of Behavior Health**

**INTENSIVE CASE MANAGEMENT REFERRAL FORM**

Please send referral to: **ICM.OBH@maine.gov**

Please complete this form to the best of your ability. If you do not have the information being requested, skip to the next question.

**Date:**

**Name of Person Making Referral:**

**Phone number:**

**Information on person being referred:**

**Name:**

**DOB:**

**Address:**

**Phone number, or numbers:**

**Reason for referral and diagnosis if known:**

**Does the person know referral is being made (Yes/No):**

**Current situation (e.g. living situation, employment, legal, active substance use, safety concerns):**

**Current services (e.g. mental health, substance use, legal, medical, case management):**

**A member of the Intensive Case Management team will reach out to you for additional information.**

**Thank you for contacting us and we look forward to speaking with you soon.**