



INTENSIVE CARE COORDINATION REFERRAL

711 BESTGATE ROAD, SUITE 300, ANNAPOLIS, MARYLAND 21401

PHONE: PEER LINE: (410) 222-7076

ICC : 410-222-6630 FAX: (410) 222-4035

Date of Referral: _____

Name of Person Referred: _____
(First) (Middle Initial) (Last)

Contact Number: _____ (Mobile | Home | Work)

D.O.B.: _____

Gender: Male Female Trans Non-binary Prefer not to disclose

Race: Black White Asian Hawaiian/Pac. Islander Amer. Indian/Alaska Native Multiple Prefer not to disclose

Address: _____
(Street)

(City/Town) (State) (Zip Code)

Person Making Referral: Peer Support Participant Counselor/Clinician Hospital Staff Other: _____

Person/Agency Submitting Referral: _____
(Name/Agency)

Contact Number: _____

SERVICES NEEDED (CHECK ALL THAT APPLY):

- Mental Health Peer Services Recovery Housing Treatment/Residential Services
 Medication Assisted Treatment Medical Needs Community Resources
 Transportation Services Vital Records Vocational/Education Permanent Housing
 Legal Assistance Clothing Assistance Other _____

Comments:

Please fax or email form (and any additional supportive documents) to: ICC@aacounty.org or fax: (410)222-4035

For more information contact: Intensive Care Coordination Supervisor - Maurice Davis (443)930-1401 hddavi77@aacounty.org