



Request For Services

Independence Center

21 Church Street, Waterbury CT 06702
Phone: 203-756-5772, Fax: 203-756-9744

Name: _____ Social Security #: _____

What is your goal for attending the Independence Center?

Home phone #: _____ Cell Phone #: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Race: _____ Ethnicity(Hispanic/Non): _____ Religion: _____

Veteran? Yes No Start Date: _____ End Date: _____

Date of Birth: _____ Male Female

Primary Language: _____ Other Language(s): _____

Conservator of Person? Yes No

Name: _____ Phone: _____

Insurance (policy/card number): _____

Medicaid (T.19, Husky, LIA) Medicare Veteran Benefits

Other Insurance (name & number): _____

Applicant Name: _____



Income from Work: _____ SSI: _____ SSDI: _____ SNAP: _____

Other (type/amount): _____

Have you ever been arrested and/or convicted of a crime? Yes No If yes, how long ago?

Please explain the situation.

Do you have any legal charges pending? Yes No If yes, Please explain:

	# IN HOUSEHOLD	INCOME RANGE		INCOME RANGE	
Single Adult	1	\$0-\$11,880	<input type="checkbox"/>	\$11,881-\$26,088	<input type="checkbox"/>
Married Couple	2	\$0-\$16,020	<input type="checkbox"/>	\$16,021-\$34,812	<input type="checkbox"/>
1 Adult, 1 Child	2	\$0-\$16,020	<input type="checkbox"/>	\$16,021-\$44,238	<input type="checkbox"/>
1 Adult 2 Children	3	\$0-\$20,160	<input type="checkbox"/>	\$20,161-\$45,215	<input type="checkbox"/>
1 Adult, 3 Children	4	\$0-\$24,300	<input type="checkbox"/>	\$24,301-\$46,119	<input type="checkbox"/>
1 Adult, 4 Children	5	\$0-\$28,440	<input type="checkbox"/>	\$28,441-\$47,041	<input type="checkbox"/>
2 Adults, 2 Children	4	\$0-\$24,300	<input type="checkbox"/>	\$24,301-\$73,716	<input type="checkbox"/>
2 Adults, 3 Children	5	\$0-\$28,440	<input type="checkbox"/>	\$28,441-\$75,190	<input type="checkbox"/>
2 Adults, 4 Children	6	\$0-\$32,580	<input type="checkbox"/>	\$32,581-\$76,694	<input type="checkbox"/>
Other			<input type="checkbox"/>		<input type="checkbox"/>
Not Verified			<input type="checkbox"/>		<input type="checkbox"/>

Are you in treatment at this time?

NO YES (if yes, please list below)

Name of Provider	Type of Service



Applicant Name: _____

Additional Services Received (If applicable):

Type of Service	Contact Name	Agency Name	Phone number
Case Manager			
Residential Provider			

I wish to be considered for services.

I understand that Mental Health Connecticut Independence Center may gather additional information regarding my mental health history (if applicable).

Applicant Signature: _____ Date: _____

Conservator Signature (if applicable): _____ Date: _____

Part 2 - To Be Completed By Referring Clinician

Current Diagnoses:

Diagnoses	Name of Condition with ICD-10 Code
Behavioral Health	
Medical	
Psycho-Social & Environmental	
MGAF (current)	

Does the Client currently use medication for the treatment of a mental illness? Yes No

If "Yes", please list: _____

Does the Client currently use street drugs or alcohol? Yes No

If yes, what type(s): _____



Applicant Name: _____

Risk Assessment (please check appropriate box):

Behavior	None			Current			Past 60 Days			Past Year		
Suicidal/danger to self												
Homicidal/danger to others												
Alcohol/drug abuse												
At risk sexual behavior												
Serious Assault to others (high risk)												
Serious Assault to others (low risk)												
Anti-social or criminal behavior												
Arson attempt/threat												
Access to firearms												

Behavioral Health & Substance Abuse Treatment History:

Provider (Current/ Most recent first)	Type (Inpatient/Residential)	Reason for Admission	Dates of Treatment

Please confirm before submitting:

Most recent psych eval and comprehensive are attached. If not available, current clinical record is attached.

Release of information from clinical provider to Mental Health Connecticut is complete and attached.

This paperwork is complete. No known information is missing.

Clinician Printed Name: _____ Title: _____

Signature: _____ Date: _____

Agency Name: _____ Phone: _____

Please Fax Completed Request to: 203-756-9744