



**CORE Referral Form**

**Download and Complete and Email referrals to: [BHReferrals@allwelcares.com](mailto:BHReferrals@allwelcares.com)**

**Or Contact: La'toya Dabney, Behavior Health Program Manager**

**Direct Contact # 917-920-0038, Office # 212-938-1444 Ext 317**

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**Referral Source**

Name:

Agency Name and Address:

Agency Phone #:

**Participant's Information**

Name:

Date of Birth:

Address:

Primary Phone #:

Primary Language Spoken:

Insurance Carrier/Plan ID and Medicaid # :

Telehealth    or In Person

Where did you hear about Allwel?

**CORE Service Requested:**

Community Psychiatric Support and Treatment    Empowerment Services (Peer Supports)

Family Support and Training

Psychosocial Rehabilitation: If applicable, Education focus    or Employment Focus

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Date Referral Received: \_\_\_\_\_ Date Assigned to BHS: \_\_\_\_\_