



**Sunrise Children's Services
Provider Referral Form
ADULTS**

Danville
Phone: 859-936-3482
Fax: 502-538-1112

Elizabethtown
Phone: 270-769-6841
Fax: 270-769-6843

Madisonville
Phone: 270-874-2560
Fax: 270-825-8081

Owensboro
Phone: 270-926-2484
Fax: 270-685-6015

Pikeville
Phone: 606-437-9500
Fax: 606-437-0940

Client Name: _____ Referral Date: _____

Sex: Male Female Date of Birth: _____

SSN: _____ Phone: _____

Address: _____

Referred by _____

Eligibility Checklist

Check One

Yes No Not Sure

Criteria

Does the client have a medical card? MCO: _____

Medicaid #: _____

Yes No Not Sure

Does the client have a mental health diagnosis?

Dx: _____

Primary insurance other than Medicaid? Yes No

Issues/Problems/Reason for Referral

Other difficulties/stressors: _____

Staff Signature and Credentials

Date