Crisis Assessment and Prevention Intervention Services

Mental Health Association in Orange County, Inc.
73 James P. Kelly Way Middletown, NY 10940
Phone: 845-342-ext. 1235 or 1253 Fax:845-343-9665

Individual Information

Date: _____

Name of Individual with Disability* _____

Address* _____ Phone* _____

_____ E-Mail _____

DOB* _____ Gender _____

SS#* _____ Eligibility Yes No In Process

TABS _____ Current Services _____

Medicaid# _____ _____

Diagnosis* _____ _____

_____ _____

Referral Source _____ _____

Contact Information _____ E-Mail _____

Parent/Guardian Information

Guardian/Parent _____

Address _____ Phone _____

_____ E-Mail _____

Description of Service Request

*Requested Service: Peer Counseling Consultant (requires IDD Diagnosis)

Information, referral and Linkage Financial (requires IDD Diagnosis) $ _____

Advocacy Other _____

Description of current crisis

*How requested service/goods will benefit the individual?

*Have you made this request to any other program or service (please include agency and outcome of request)

Please be sure to include HIPAA and Supporting Documentation of Diagnosis. Attach any documentation supporting need for assistance.

*Required fields must be completed for processing

Click here for HIPAA forms