Choices, A Community Social Center, Inc.
320 E. South St., Akron, OH, 44311
Tel: (330) 762-8151 Ext. 228 Fax: (330) 762-5041
www.choicesakr.com
Email: sheriball@choicesakr.com

Member Reference Verification/Update Form

Choices is funded through the ADM Board for the purpose of providing recovery-oriented services to adults receiving services for a serious, persistent mental illness in the Summit County area. Choices requires its members to verify continued eligibility on an annual basis.

Member's Name: _____ **Member Phone #:** _____

Provider Please Read

Choices is not an adult day care facility. If your client is not capable of caring for themselves, Choices may not have the facilities to provide the necessary services for them. Please take this into consideration when referring your client to Choices. If you have any questions please feel free to call Choices and ask for further, detailed information.

Qualifications:

1. Must be an adult (18 years or older) receiving treatment and/or services for a serious, persistent mental health illness in Summit County or living in Summit County and receiving services in another County.
2. This referral must be signed by a licensed mental health provider.
3. The form must be faxed or emailed from provider to our office:
   Attention: Sheri Ball, sheriball@choicesakr.com
4. Please return verification to Choices within 30 days or contact Choices staff.

This is to verify that _____ qualifies for membership at Choices.
(PLEASE PRINT APPLICANT/MEMBERS FULL NAME)

_____ _____
Licensed Mental Health Provider (PLEASE PRINT) Title

_____ _____ /_____ /_____
Provider's Signature Date

I, _____, authorize and request _____ to
(PLEASE PRINT APPLICANTS/MEMBERS FULL NAME) (PLEASE PRINT PROVIDERS FULL NAME)
release my name and health information to Choices for purposes of referrals.

☐ I give CHOICES permission to release information to my mental health provider.
☐ I give CHOICES permission to set up my orientation through my case manager.

Case Manager: _____ **Phone#**: _____

_____ _____ /_____ /_____
Applicant/Member's Signature **Date**

10/25/2016