REFERRAL FORM



| Name: | Date of Birth:// |
|--|----------------------|
| Social Security#: | Gender: Age: |
| Driver's License# (if applicable): | State Issued: Exp.: |
| Primary Language: | |
| Current Legal Proceedings: ☐ Yes **If yes, ☐ No | type of proceedings? |
| Social Security Income: Yes No | |
| Form of Medical Insurance: | |
| GENERAL HEALTH INFORMATION | |
| Ambulatory: Yes No Hearing Impaired: Yes No Sight Impaired: Yes No Chronic Illness(es): Yes No | |
| If yes, please list: | |
| PRIMARY DOCTOR INFORMATION | Phone#: |
| | ity: State: Zip: |
| NOTES: | |
| Referral Source: Name: | Phone#: |
| Email: | _ |

WELCOME HOME



Why Choose Us...

Our HOME atmosphere allows individuals to begin their healing journey gaining knowledge of daily living skills, medication management, etc.. Our HOME can become your HOME.

PROGRAM CRITERIA

- Primary Diagnosis
 SMI
- o Adults 18+
- o SSI/Medicaid
- Agreement to Participate

Bralle & AKA
Home
4001 Ave N.
Rosenberg, Tx 77471

(281)262-1360 info@akahomemgmt.com

Providing

- Psychosocial Rehabilitation skills: Daily Living skills (hygiene, cleanliness of living spaces, appropriate choices of leisure time)
- Medication Management/Training: Education of diagnosis,
 Education of Medications and side effects, Medications on an as needed basis (PRN medications vs. regular scheduled medications)
- Adult Day Treatment: Proper communication with others, job training skills, physical and mental activities (exercise and coping skills for triggers)
- Crisis Intervention Services: Behavioral management, interventions (coping skills) to prevent crisis, problem solving