



## **Referral to MCAT Crisis Case Management and Peer Advocacy**

**Please fax referral to: 315-732-1182**

MCAT Crisis Case Management, Mental Health Peer Advocacy and Recovery Peer Advocacy services assist individuals with mental health and substance use issues within the community setting including but not limited to support, advocacy, referral to treatment, linkage to services and resources, collaboration and monitoring.

**Service Requested:** \_\_\_ Crisis Case Manager; \_\_\_ Mental Health Peer Advocate; \_\_\_ Recovery Peer Advocate  
**County:** \_\_\_ Oneida; \_\_\_ Herkimer

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (primary) \_\_\_\_\_ (secondary) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Insurance Information (policy & ID number): \_\_\_\_\_

Reason for referral (please include known relevant mental health and/or substance abuse history and any known diagnosis):

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Known barriers; history of violence, aggression or safety concerns:

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Additional comments:

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Does this person know that you are referring them to services? \_\_\_ Yes \_\_\_ No

Referent Name/Agency:

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Referral: \_\_\_\_\_