



BHH Staff Only

Received by: _____

Received on: _____

Behavioral Health Home Referral Form

Behavioral Health Home (BHH) is a model of care focused on integration of primary care, mental health services, and social services and supports for adults diagnosed with mental illness. BHH supports individuals in:

- Accessing physical and mental health care services
- Gaining knowledge of their medical conditions, medications, available treatment methods, and resources
- Developing healthy lifestyle routines
- Increasing social and community support to improve quality of life
- Identify and reach wellness goals

Individuals served by the BHH must have Medical Assistance, provide or complete a diagnostic assessment dated within 12 months, and live in one of the following counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, or Washington.

Date of Referral	
Client's Name	
Date of Birth	
Address	
Phone Number & Email	
Social Security Number	
Preferred Language	
County of Residence	
Previous Guild Client	No Yes If yes, which service?
Insurance and ID #	
Mental Health Diagnoses	
Medical Diagnoses	
Reason for Referral and Additional Information	
Date and Location of Diagnostic Assessment	
Referral Source & Phone Number	
Relationship to Individual	

Fax this form to 651-312-1222 ATTN: BHH along with a copy of a diagnostic assessment and releases of information for the referring source and source of the diagnostic assessment. Call 651-286-8605 with questions about services or the referral process.