



1 Amy Kay Parkway  
Kingston, NY 12401

(845) 331-1261

(845) 331-2112

## Personalized Recovery Oriented Services (PROS)

### REFERRAL

To be eligible for admission to a PROS program, a person must be 18 years of age or older, have a designated mental health diagnosis and have a functional disability due to the severity and duration of mental illness.

Applicant Information: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Insurance Type: Medicaid \_\_\_\_\_ Medicaid ID # \_\_\_\_\_  
Non Medicaid \_\_\_\_\_ *Please include a copy of the insurance card(s).*

The following is required with the application for review and before an intake can be scheduled:

- \_\_\_\_\_ Psychiatric Assessment
- \_\_\_\_\_ Psychosocial Assessment
- \_\_\_\_\_ Permission to Release/Obtain Information

Please include the following documents, if available and applicable:

- \_\_\_\_\_ Health Assessment
- \_\_\_\_\_ Substance Abuse Assessment

**DSM V & ICD 10 CODES: Diagnoses (Please list Primary Mental Health Diagnosis first):**

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Please describe the reason for referral to PROS:

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**Please check the services for which the applicant is being referred:**

\_\_\_\_\_ Psychiatric Rehabilitation (*Groups*)

\_\_\_\_\_ Psychotherapy/Medication Management

\_\_\_\_\_ On-Going Employment Supports (*For those already employed 10+hours weekly*)

**Please check areas of functional impairment due to the applicant's mental health condition:**

\_\_\_\_\_ Self Care (i.e. personal hygiene, diet, clothing, avoiding injuries, securing health care, complying with medical advice)

\_\_\_\_\_ Activities of Daily Living (i.e. maintaining a residence, using transportation, day to day self-management, accessing community services, participating in community activities)

\_\_\_\_\_ Social Functioning (i.e. establishing and maintaining social relationships; interpersonal interactions with primary partner, children or other family members, friends, neighbors; social skills; compliance with social norms; appropriate use of leisure time)

\_\_\_\_\_ Task Performance (i.e. initiating, persisting in and/or completing tasks commonly found in work, home or educational settings)

\_\_\_\_\_ Cognitive Functioning (i.e. concentration, attention, information processing, decision making, planning, problem solving, organizing, critical thinking)

Other (please describe): \_\_\_\_\_

**PLEASE NOTE: A referral to PROS must be signed by a Licensed Practitioner of the Healing Arts, in accordance with Section 512.7 (c)(iv)(a) of 14 NYCRR Part 512.**

**I, the undersigned, am referring the above named individual to PROS**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name Title License Number

Agency Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Please send completed referrals to:  
Gateway Hudson Valley  
**Attn: Central Intake**  
1 Amy Kay Parkway  
Kingston, New York 12401  
or FAX 845 331-2112  
or EMAIL GHVreferrals@ghv.org

Please feel free to contact the PROS Program Director (x297) or PROS Clinical Team Leader (x218) with any questions regarding the PROS Program or the referral process.