



Helio Health, Inc.

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Utica, NY 13501
Phone: 315-732-4202 Fax:315-724-6459

ADMISSION REQUIREMENTS FOR HOUSING PROGRAM (please check):

- Must have a primary diagnosis of substance abuse
Must be actively on Medicaid
Must have a history of 2 inpatient hospitalizations/rehab stays, or 5 emergency room/detox visits within the past 12 months or 1 inpatient and 4 ER/Detox Visits
Must be a single adult living alone
Must have a history of or be at risk for homelessness

Date: Person Completing this form:

Referral Agency & Address

Phone & FAX #s:

Client Name: Medicaid CIN #

Current residence:

City: State: ZIP: Phone Number:

DOB: SS#: Sex: Marital Status:

Primary Substance Abuse Diagnosis(es)

Secondary Diagnosis(es) (include MH)

Medical conditions:

If currently inpatient, pending discharge date:

Inpatient 2 or more times in past 12 months - Yes No List facilities and dates:

5 or more emergency room visits in past 12 months - Yes No List facilities and dates:

- Please attach supporting documentation (required):
Proof of hospitalizations and ER visits
Substance Abuse diagnosis with Comprehensive Assessment