



Community Oriented Recovery and Empowerment Services

329 North Salina St. Syracuse NY 13202

Please send Referral Form, Consents, and LPHA Recommendation (if possible) to:
HCBS-CORE@helio.health

Client Information

Date of Referral: _____

Referring Agency/Case Manager: _____

Phone Number: _____ Email: _____

Client Name: _____

DOB: _____ Gender: _____

Address: _____

Phone Number: _____

MCO: _____ MCO ID: _____

Medicaid CIN: _____

Diagnosis (if known): _____

Services Requested

Psychosocial Rehabilitation Family Support and Training
Empowerment Services – Peer Support
Community Psychiatric Support and Treatment (CPST)

Client goals in relation to CORE service(s):

Client strengths/barriers: