

Maura J. Rossman, M.D., Health Officer

Behavioral Health Navigation Services Referral Form

Date: _____ Consumer Name: _____

DOB: ____ / ____ / ____ Gender: _____ Race: _____

Street Address: _____

City: _____ State/Zip: _____ County: _____

Phone: _____ Type of Insurance: _____

Type of referral (resources/services needed). Check all that apply:

- Crisis Services
- Housing
- Mental Health Services
- Substance Use Services
- Vocational Services
- Case Management Services
- Access to Food Services or Food Banks
- Access to Shelter or Housing
- Transportation
- Insurance Eligibility
- Other (please specify): _____

How did you hear about navigation services? _____

Referral Source's Signature

Referral Source's Agency

Print Referral Source's Name and Credentials

Referral Source's Contact Information

Contact Kayla Blasher, Behavioral Health Navigator at (410) 313-6240 or kblasher@howardcountymd.gov for linkages and referrals to behavioral health services.