



SAFE OPTIONS SUPPORT (SOS) REFERRAL FORM



SOS/CTI is a high intensity patient centered engagement that improves continuity of care. Ultimately building an individuals' confidence in their abilities and strengthening their network of support to achieve long term stability and community integration.

Date:

County:

Name:

Date of Birth:

Phone Number:

Insured: Yes

No

Insurer and ID #

Address/Common location:

Please share any medical, mental health, substance use diagnosis or anything helpful (physical appearances) you think we should know:

Referring Agency:

Agency contact:

Email:

Phone:

Verbal consent to refer received: Yes

No

Primary or preferred language:

Thank you for the referral. Monroe Plan's SOS Team will begin engagement within 24-48 hours. If you have questions, please contact 866.255.7969 or email SOS@monroeplan.com.