

**Macomb County Community Mental Health  
Office of Substance Abuse**

SUD RECOVERY PROVIDERS  
REQUEST TO OPEN CASE

<b>Service Category:</b>	
<input type="checkbox"/>	Recovery Home
<input type="checkbox"/>	Peer Coach
<input type="checkbox"/>	Specialty Case Management

Admission Date	
Requesting Agency	
Site Location	
Person Making Request	
Contact Number	

<b>Consumer Demographic Information:</b>			
First Name		Last Name	
Other Name Used		SSN	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Address		City	
State		Zip	
Home Phone		Alt. Phone	

*Complete this form on the day of first service and send to Access Center by:*

- *Scanning this form and consumer signed release to "SUD Release" in the Focus Message System; or*
- *Faxing this form and signed release to Access Center at 586-948-0223*