



Macomb County Community Mental Health
Substance Use Services

Substance Use Disorder Health Home (SUD HH) Request to Open Case

SUDHH Admission Date: _____

Site Information

Requesting Agency: _____

Location: _____

Person Making Request: _____

Phone Number: _____

Client Information

First Name: _____

Last Name: _____

Other Name Used: _____

Gender: ☐ Male ☐ Female

SSN: _____

DOB: _____

Street Address: _____

City: _____

Zip Code: _____

Phone: _____

Alt Phone: _____

Insurance Information:

☐ Medicaid

☐ Healthy Michigan Plan

☐ Other: List _____

***Scan this form and consumer signed release to "SUD Release" in the Focus
System Message, or***

Fax this form and release to Managed Care Operations (MCO) at 586-948-0223