



**Macomb County Community Mental Health
Substance Use Services**

**SUD RECOVERY PROVIDERS
REQUEST TO OPEN CASE**

Service Category:	
<input type="checkbox"/>	Recovery Home
<input type="checkbox"/>	Peer Coach

Admission Date	
Requesting Agency	
Site Location	
Person Making Request	
Contact Number	

Consumer Demographic Information:			
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 Managed Care Operations (MCO) by:

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