



## Macomb County Community Mental Health Substance Use Services

### SUD PROVIDER REQUEST TO OPEN CASE

Admission Date	
Requesting Agency	Site Location
Person Making Request	Contact Number
Contact Email	

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

Insurance Information: Check all that apply
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Healthy Michigan Plan
<input type="checkbox"/> MiChild
<input type="checkbox"/> Block Grant/PA2
<input type="checkbox"/> Women Specialty Funds
<input type="checkbox"/> Other _____

- Scan this form and the consumer signed release, attach it to an **encrypted email** and send it to [sudadmissions@mccmh.net](mailto:sudadmissions@mccmh.net). No PHI can be in the attachment name or subject line of the email.
- **If encrypted email is unavailable**, then scan this form and consumer signed release to "SUD Release" in the Focus Message System.