



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

**Substance Use Disorder Health Home (SUDHH)
Request to Open Case**

SUDHH Admission Date:

Site Information

Requesting Agency:	Location:
Person Making Request:	Phone:
Contact Email:	

Person Served Information

First Name:	Last Name:
Other Name Used	Gender:
SSN:	DOB:
Street Address:	City:
Zip: Phone:	Alt. Phone:

- ☐ Medicaid

☐ Healthy Michigan Plan (HMP)

☐ Other (specify) _____

- Scan this form and the consumer signed release, attach it to an **encrypted email** and send it to 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.