



St. Christopher's Inn
21 Franciscan Way
Garrison, NY 10524

ADMISSIONS REFERRAL FORM

Monday – Friday 8:30 am – 5:00 pm

Telephone: (845)335-1020, 1022, 1027

E-Mail: sciadmissions@atonementfriars.org

Admissions Supervisor: (845)335-1026

Fax: (845)424-4537

Website: www.stchristophersinn.org

Referral Agency – Please print form, complete & fax back to the number listed above

Self-Referral – Please call our Admissions Department at (845)335-1020 select option # 1

Name: _____

Agency Name: _____

D.O.B: _____

Contact Name: _____

Social Security Number: _____

Phone Number: _____

Insurance Plan & #: _____

Fax Number: _____

E-Mail Address: _____

PSYCHIATRIC HISTORY: _____

MEDICAL HISTORY: _____

*Please provide psychiatric evaluation if available.

REGISTERED SEX OFFENDER? YES _____ NO _____ IF YES, WHAT LEVEL? (CIRCLE) 1 2 3

SEIZURE HISTORY? YES _____ NO _____

DATE of LAST PPD _____ RESULTS _____

(PPD record must be submitted, if + PPD history, a negative chest x-ray within the past 12-months or a Quantiferon Gold blood test must be obtained)

DATE of the last H&P _____ (If H&P was completed at your facility it must be signed by an MD or NP and provided)

DATE of LAST Covid-19 Test _____ RESULTS _____

CURRENT MEDICATIONS: _____

*****IF CLIENT IS PRESCRIBED MEDICATIONS THEY MUST BE E-SCRIBED TO OUR PHARMACY*****

*****Clients should be made aware that they may be responsible for medication co-pays*****

MedWiz Pharmacy
167 Route 304
Bardonia, NY 10954
Phone: (845)624-8080 Fax (845)624-8055

PENDING APPOINTMENTS

Medical: _____

Legal: _____

Other: _____

We appreciate your referral to St. Christopher's Inn. Our Admission Staff will contact you upon review of this referral packet. The Admission Department is open Monday through Friday from 8:30am to 5:00pm

PLEASE NOTE

Medical clearance during the pre-admission process does not guarantee acceptance into St. Christopher's Inn. Upon arrival, admission nurse will conduct a complete assessment and the final determination will be made regarding the status of admission into our recovery program

St. Christopher's Inn Client Insurance Information

Insurance Information

Name of Client: _____

DOB: _____

Social Security #: _____

Address: _____

Home phone #: (____) _____ Alternate #: _____

Ins. Co. Name / Plan & Phone #: _____

(Please make a copy Front & Back of ins. Card and fax. With referral packages)

Ins. Policy #: _____

Ins. Group #: _____

Ins. RX BIN #: _____

Primary Care Physician: _____

Policy Holder: _____ Relationship to client: _____

Policy Holder SS#: _____

Medicaid Information

MA #: _____

DOB #: _____

Social Security #: _____

County of Responsibility: _____

MA District Office: _____

Case Worker Name & Phone Number @DSS: _____

Public or Temporary Assistance: _____



St. Christopher's Inn

Residential Shelter & Substance Abuse Treatment Center
Box 150, Graymoor
21 Franciscan Way Garrison, NY 1052
Phone 845-335-1000
Fax 845-335-1017
Admissions 845-335-1020

ADMISSION CRITERIA

TO EXPEDITE REFERRALS

We require:

- Completion of our two (2) page referral form & insurance information form
- Clients to be medically and psychiatrically stable
- Immediate medical care to be addressed prior to admission

When available:

- History and physical with a chest x-ray or PPD
- Psychiatric evaluation for clients on psychotropic meds

INSURANCE INFORMATION

St. Christopher's Inn accepts: Medicaid (active, pending, restricted or managed), Aetna, Anthem BC/BS, Atlantis, Blue Cross/Blue Shield, Cigna, CMS Healthcare, Compsych, Emblem, GHI; Hip, Horizon BC/BS, Local/199, Local 8A-28A, Local 137, Magellan; MHN / Healthnet, MVP, OptumHealth, Oxford, Pomco, United Behavioral Health and Value Options

Unfortunately, we do not accept: Medicare, and Cigna PPO-S.AMBA

ACCOMMODATIONS

- Residence is dormitory style
- We do provide shelter for up to 21 days maximum for those who may **not** be seeking treatment, **or** who may not qualify for treatment but need temporary shelter
- Treatment in Day Rehabilitation Program is variable up to 90 days

ALCOHOL AND DRUG CRITERIA

Persons requiring medically managed inpatient detox must complete that detox prior to admission to St. Christopher's Inn