

The Fun Bunch (STAR)
P.O. Box 61358
Phoenix, Arizona 85082
602/685-0280 602/231-0334 FAX

Service Recipient's Name: _____
Date of Birth: _____

THE FUN BUNCH REFERRAL REQUEST FORM

The Fun Bunch Referral Request Form must be approved by The Fun Bunch administration prior to the member's attendance. It is therefore the responsibility of the provider staff (case manager, etc.) that refers service recipients to submit this completed Request Form to The Fun Bunch.

The Fun Bunch Referral Request Form must be forwarded to The Fun Bunch office in advance and approved by The Fun Bunch prior to the service recipient's attendance, and must include the following items:

- 1) *This request, with required signatures.*
- 2) *Current service recipient's ISP and EA1013.*
- 3) *Does the service recipient have AHCCCS coverage including behavioral health benefits?*
Please mark appropriate box below:

Yes No

Does the service recipient have any SOCIAL BEHAVIORS that may require additional attention from STAR staff? Yes No

If yes, please explain: _____

I verify that this service recipient's attendance in The Fun Bunch is part of his/her current ISP.	
_____	_____
Case Manager's Signature	Date

Sign here only if the check box under line 3 is marked "Yes."	
I verify that _____ is Title XIX eligible.	
_____	_____
Case Manager's Signature	Date