



S.T.A.R. Administration
3003 N. Central Ave. Ste 675 | Phoenix, AZ 85012
602.231.0071 Office | 602.231.0334 Fax

S.T.A.R. Referral Cover Sheet

To: S.T.A.R. Intake & Admissions Team Date: _____
From: _____ Company: _____
Referent's Phone: _____ Total # of Pages: _____

Referral Checklist

****In order to facilitate for continuity of care, these items MUST be included for S.T.A.R. to process referral.****

- Completed S.T.A.R. Referral Form
- Copy of COVID-19 Vaccine Card**
- Diagnostic Assessment (Part E)
- Individualized Service Plan (ISP)
- Member's AHCCCS Number
- Member's Primary Diagnosis
- Member's Working Contact Number
- Release of Information (Signed by member and/or guardian)
- Current At-Risk Crisis Response Plan (ARCP)
- Current Court Order for Therapy Service (if applicable)
- Legal Guardianship Documentation (if applicable)

Please fax or email this checklist and required attachments to 602.231.0334 (fax) or intakesandrenewals@thestarcenters.org

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