



S.T.A.R. Referral Cover Sheet

To: **S.T.A.R. Peer Certification** 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
- STAR Consent and Release Packet (Attached)
- Diagnostic Assessment (**to include ICD-10 code**)
- Individualized Service Plan (treatment plan)
- Member's AHCCCS Number
- Member's Working Contact Number
- Member's Working Contact email

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

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