



Choices, A Community Social Center, Inc.

320 E. South St., Akron, OH, 44311

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Member Reference Verification/Update Form

Choices is funded through the ADM Board for the purpose of providing recovery-oriented services to adults receiving services for a serious, persistent mental illness in the Summit County area. Choices requires its members to verify continued eligibility on an annual basis.

Physician please read

Choices is not a day care center. If your client is not capable of caring for themself Choices may not have the facilities to provide the necessary services for them. Please take this into account when referring your client to Choices. If you have any questions please feel free to call Choices and ask for further, detailed information.

Qualifications;

1. Must be an adult (18years or older) receiving services for a serious, persistent mental health illness in Summit County.
2. Must be signed by a licensed mental health provider.
3. Must be faxed or mailed from provider.
4. Must return verification to Choices within 30 days or talk to staff.

This is to verify that _____ qualifies for membership at Choices.
(PLEASE PRINT APPLICANT/MEMBERS FULL NAME)

Licensed Mental Health Provider (PLEASE PRINT)

Title

Provider's Signature

____/____/____
Date

I, _____, authorize and request Community Support Services /
(PLEASE PRINT APPLICANTS/MEMBERS FULL NAME)
Portage Path, or _____ to release my name and health information
(PLEASE PRINT PROVIDERS FULL NAME)
to Choices for purposes of referrals.

Applicant/Member's Signature

____/____/____
Date