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**Physician Prescription for Comprehensive Community Services**

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| Consumer’s Name: *Enter Consumer’s Name* | Date of Birth: *Enter DOB* |

Comprehensive Community Services (CCS) is a voluntary program for individuals with mental health and/or substance abuse disorder needs.

CCS provides psychosocial rehabilitative services including but not limited to: service planning, specialized evaluations, medication management, physical health monitoring, peer support, individual skill development, employment-related skill training, psychoeducation, wellness management, psychotherapy, and substance abuse treatment. *Enter Consumer’s Name* could benefit from psychosocial rehabilitative services to assist them in their functioning and to better meet their needs.

Psychiatric and/or Substance Use Disorder Diagnoses:

 *Click here to enter Diagnosis*

 *Click here to enter Diagnosis*

 *Click here to enter Diagnosis*

 *Click here to enter Diagnosis*

|  |  |
| --- | --- |
| I, the undersigned, prescribe Comprehensive Community Services for  | *Enter Consumer’s Name* |

X

Psychiatrist/Physician Signature Date

|  |
| --- |
| *Enter name of Psychiatrist/Physician* |

Printed Name of Psychiatrist/Physician\*

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| --- |
| *Psychiatrist/Physician License Number* |

Psychiatrist/Physician License Number *(not required, but recommended)*

This prescription expires one year from the date of signature.

*\*Please note: The Psychiatrist/Physician must be a Medicaid-enrolled provider.*