**START services provided by Community Bridges**

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| --- | --- | --- | --- |
| **Individual Name:**  |  | **Medicaid ID:**  |  |
| **START Coordinator:** |  | **Region/Area Agency:**  |  |

|  |  |
| --- | --- |
| **Planned Dates:** |  |
| **Emergency begin date (if applicable):** |  |

**Reason for referral to START services:**

**Eligibility for START Center Planned and Emergency Services**

**Recommended START Center Services:**

[ ]  Up to 30 Emergency START Center Service Days

[ ]  Up to 4 days of Planned START Center Service Days

**Total Dollar Amount of services recommended:**

**\_\_** START SSL Assess Units **@ $705.50/day** = **\_\_**

**Community Bridges will bill Medicaid for the START Center stay listed above.**