

The Fun Bunch (STAR)  
P.O. Box 61358  
Phoenix, Arizona 85082  
(602) 685-0280 (602) 231-0334 FAX

Service Recipient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **THE FUN BUNCH REFERRAL REQUEST FORM**

The Fun Bunch Referral Request Form must be submitted, processed, and approved by administration **prior to the member's attendance**. It is the responsibility of the provider staff (case manager, etc.) to submit this completed Request Form with all supporting documents to The Fun Bunch office. The completed packet **must include the following items:**

- 1) *This request, with required signatures*
- 2) *Service Recipient's current signed Diagnosis, Assessment (Part E), and ISP.*
- 3) *Does the service recipient have AHCCCS coverage including behavioral health benefits?*  
Please mark appropriate box below:

Yes                       No

Does the service recipient have any SOCIAL BEHAVIORS that may require additional attention from STAR staff?       Yes                       No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I verify that this service recipient's attendance in The Fun Bunch is part of his/her current ISP.**

\_\_\_\_\_  
**Case Manager's Signature**

\_\_\_\_\_  
**Date**

**Sign here only if the check box under line 3 is marked "Yes."**

I verify that \_\_\_\_\_ is Title XIX eligible.

\_\_\_\_\_  
**Case Manager's Signature**

\_\_\_\_\_  
**Date**