



**Money Follows the Person Outreach Project
Binghamton – Southern Tier Region**

Under Contract To:

New York State Department of Health

Serving The Counties Of:

Allegany, Broome, Cattaraugus, Chemung,
Schuyler, Steuben, and Tioga.

**Southern Tier Independence Center
135 E. Frederick St
Binghamton, New York 13904**

**voice: (607) 724-2111
fax: (607) 772-3606
email: mfp@stic-cil.org**

MDS Section Q ___ Self-Referral ___

Referrals must be phoned in or sent via a secure fax—referrals may NOT be made via email.

Facility Name: _____ County: _____

Facility Address: _____ Facility Phone: _____

Resident Name: _____ Resident Gender: _____

Resident DOB: ___/___/___ Resident Room #: ___ Social Security #: _____

Payer Source(s): _____ Medicaid # _____

Best method to contact resident:

___ In person ___ By phone ___ Family member or representative:

Name: _____ Address _____

Relation: _____

Phone number: _____

Name of referring staff: _____ Title: _____

Phone number: _____ Fax number: _____

Name of Discharge Planner (if different than referring staff): _____

Discharge Planner phone number: _____ Fax number: _____

Pending Discharge date (if known): _____

Additional comments:

Vet _____ Non-Vet _____

For STIC use only

Date of initial contact with resident: _____ MFP Representative Initials: _____

Date of follow up visit with resident: _____ MFP Representative Initials: _____

Outcome of contact: ___ Information given to resident/family/representative (list below):

___ Referral made to facility discharge planner on ___/___/___

___ Resident/family/representative did not want information