



995 Worthington Street, Springfield, MA 01109
Telephone (413) 734-5376 FAX (413) 737-7949

DMH Request for Client Information

To: _____, DMH Case Manager
From: _____, Title _____
Date: _____
Subject: Request for Information

Upon recent review of the client record _____, it was found that we require the following documentation: (client name)

- Most Recent Comprehensive Assessment
- Most Recent Comprehensive Assessment Summary Report
- Most Recent Individual Service Plan (ISP)
- Most Recent Determination of Needs (DON)
- Most Recent Authorization and Referral for Services
- Most Recent Clinical Evaluation of Risk and Functioning (CERF)

Please send the requested information to:

MHA 995 Worthington Street, Springfield, MA 01109 via Fax: 413-737-7949

Or you can email the documentation directly to: _____@mhainc.org

Thank you in advance for your prompt assistance.

Cc:
Client File