



If you are interested in Residential Rehabilitation Programs, please contact the CSA at 240-777-1400. The RRP application can be found by going to the following website:  
<http://www.cornerstonemontgomery.org/>

Date of Application:  ____/____/____	Check the services you are applying for, and then fax your application to <b>301-493-0069</b> . If you have questions about your application, call <b>301-493-4200 x234</b> ____ CTP/CAPS ( <i>please also complete attached additional Vocational Application</i> ) ____ Back to Work ( <i>please also complete attached additional Vocational Application</i> ) ____ Supported Living/Outreach ( <i>required in order to access Foundations Day Program</i> )	<b>Only check a location below if you are interested in CLINIC services.</b> Call the listed number for that clinic if you have questions.  ____ Silver Spring: <b>Phone:301-896-4400</b> ____ Southport (Bethesda): <b>Phone: 301-493-4200</b> ____ Rockville: <b>Phone: 301-838-4100</b>  For <b>Clinic ONLY</b> fax completed application to: <b>888-496-8354</b>
Applicant Name:		
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Date of Birth:	Social Security #:	
Insurance: ( <b>check all that apply</b> ) ____ Medicaid Policy #: _____ Private Insurance Name: _____ ____ Medicare Policy # _____ Policy # _____ ____ Uninsured ( <i>Please review guidelines for uninsured eligibility included in this package to ensure you qualify for uninsured status.</i> )		
Name of Psychiatrist:	Name of Therapist:	
Address of Psychiatrist:	Address of Therapist:	
Psychiatrist's Telephone Number:	Therapist's Telephone Number	
Psychiatrist's Fax Number:	Therapist's Fax Number:	
Psychiatric Diagnosis:	Substance Abuse Diagnosis ( <i>if applicable</i> )	
I understand that I will be placed on the Cornerstone Montgomery waiting list and I can contact Value Options at 1-800-888-1965 if I am in urgent need of services. <b>I hereby grant permission for my therapist /prescriber to provide Cornerstone Montgomery, Inc with my diagnosis and any other referral documentation that is requested.</b>		
Applicant's Signature _____		Date _____
Medical Condition(s) ( <i>if any</i> ):		
Who referred you to Cornerstone Montgomery, Inc.? (Name, address, telephone number)		
Have you had services from Cornerstone Montgomery, Inc., St. Luke's House or Threshold Services before? ____ Yes ____ No		
What specifically can Cornerstone Montgomery, Inc. help you with?		

**Vocational Application**

**Complete ONLY if seeking Vocational Services**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Why do you want Vocational Services:**

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**What do you see as your major barrier to establishing a career?**

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**What type of assistance would you like from the Back to Work Program?**

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**If you have worked:**

**Please give an example of a positive work experience from a past job:**

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**Please give an example of a difficulty you have had with work:**

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**Are you currently working? If yes, where and in what position?**

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**Have you been or are a consumer of the Department of Rehabilitation Services (DORS)?**

Yes \_\_\_\_ No \_\_\_\_ If yes, the name of your DORS counselor was/is: \_\_\_\_\_

**Please indicate the following services in which you are interested:**

\_\_\_\_ Choosing a job                      \_\_\_\_ Help with the application process  
\_\_\_\_ Searching for a job                \_\_\_\_ Keeping a job  
\_\_\_\_ Interviewing skills  
Other \_\_\_\_\_

Please state your level of education: \_\_\_\_\_

**By completing this application, I agree to be actively involved with creating and following through on stated goals.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## **Program Descriptions**

### **Back to Work Program**

The Employment Focus Cluster Program (EFC) is an award-winning vocational rehabilitation program that helps individuals obtain and maintain employment while simultaneously providing local employers with reliable employees. The Career Academic Psychiatric-Rehabilitation Services (CAPS) Program specializes in employment services for individuals from 18-24 years of age.

#### **Requirements**

- Must have Medicaid (or an Uninsured Span if seeking employment only services); and be eligible for the Public Mental Health System.
- Must be 18 years or older.
- Must be currently in treatment with a therapist or psychiatrist.
- Employment must be the primary goal, client can have other goals but they must be limited in need.
- Must have a target diagnosis (See attached list)

### **Foundations Day Program**

The Foundations Day Program is an alternative to traditional day programs for adults who have serious and persistent mental illness. This program offers independent living skills training, psychosocial education and social skills development through an assortment of evening and day classes and weekend social and recreational activities.

#### **Requirements**

- At our Bethesda location consumers must be a current participant in the Back to Work Program, Supported Living Program, or the Residential Rehabilitation Program.
- At our Silver Spring location consumers may receive only day program services.

### **Supported Living Program**

The SLP provides psychiatric rehabilitation and case management in a person's home or in the community. Staff works with each individual to determine the best combination of services to meet that person's specific rehabilitation goals.

#### **Requirements**

- Must be a Montgomery County resident.
- Must have Medicaid
- Must be 18 years or older
- Must be currently in treatment with a therapist or psychiatrist.
- Must have a target diagnosis (See attached list)

### **Residential Rehabilitation Program**

The Residential Rehabilitation Program is designed to provide psychiatric rehabilitation services for individuals who have serious and persistent mental illness and who chose to live in a Cornerstone Montgomery, Inc. owned or leased residence. The RRP has a 213-bed capacity; all are located in Montgomery County, MD. Clients need to have SSI or SSDI.

**If interested in the Residential Rehabilitation Program please contact Ken Weston at Core Service Agency (CSA) at 240-777-3338 to find out the requirements and how to apply. The RRP application can be downloaded from our website and faxed to the CSA at 240-777-1145.**

## **Clinic**

The Cornerstone Montgomery, Inc. Mental Health Center provides a wide array of mental health treatment services to the general community as well as for those who participate in other Cornerstone Montgomery, Inc. programs.

## **Requirements**

- Must be 18 years or older
- Insurances accepted:
  - Medicaid
  - Medicare
  - Uninsured if :
    - Homeless
    - Released from Prison/Jail in the past 3 months
    - Released from a Maryland Psychiatric Hospital in the past 3 months
    - On Conditional Release
    - Received services in the Public Mental Health System in last 2 years
    - Is receiving Social Security Disability for mental health reasons

## Uninsured “Eligible Uninsured” Consumers

All of the following conditions must be met in order to receive services with an Uninsured Eligibility Span:

### Requirements:

- The consumer requires treatment for a mental health diagnosis(es) covered by the PMHS
- The consumer has a verifiable Social Security Number
- The consumer has applied for Medical Assistance (MA), EID, Supplemental Security Income (SSI), or Social Security Disability Insurance (SSDI). If the consumer is not eligible for MA, SSI, or SSDI, documentation from MA or Social Security stating the reason for ineligibility must be provided and maintained in the consumer’s medical record.
- The consumer is a Maryland Resident (permanent address or homeless)
- The consumer meets the financial criteria (250% of federal poverty level). (The service provider is responsible for collecting and maintaining documentation from the consumer that validates the consumer’s financial need. This may include documentation of application and outcome for benefits, pay stubs, other income, etc. to document that the consumer meets the financial criteria),

**And**

### Criteria: The consumer must meet **ONE** of the following:

- The consumer has received services in the PMHS in the past two years,
- The consumer is currently receiving SSDI for mental health reasons,
- The consumer is homeless within the state of Maryland,
- The consumer was released from prison, jail or a Department of Correction facility within the last 3 months,
- The consumer was discharged from a Maryland-based psychiatric hospital within the last 3 months,
- The consumer is receiving services as required by an order of a Conditional Release;

**or**

- The consumer has an urgent need for outpatient mental health services and has been approved by the Core Service Agency (CSA).
- The consumer is a veteran

## PRIORITY POPULATION DIAGNOSES

ICD-10 CODE	DSM-5 Diagnosis
<b>F20.81</b>	Schizophreniform D/O
<b>F25.0</b>	Schizoaffective D/O, Bipolar Type
<b>F25.1</b>	Schizoaffective D/O, Depressive Type
<b>F20.9</b>	Schizophrenia
<b>F22</b>	Delusional D/O
<b>F28</b>	Other Specified Schizophrenia Spectrum and Other Psychotic D/O
<b>F29</b>	Unspecified Schizophrenia Spectrum and Other Psychotic D/O
<b>F33.2</b>	Major Depressive D/O, Recurrent Episode, Severe w/o Psychotic Features
<b>F33.3</b>	Major Depressive D/O, Recurrent Episode, Severe w/ Psychotic Features
<b>F31.0</b>	Bipolar I D/O, Current or MRE, Hypomanic
<b>F31.9</b>	Bipolar I D/O, Current or MRE, Hypomanic, Unspecified
<b>F31.13</b>	Bipolar I D/O, Current or MRE, Manic, Severe w/o Psychotic Features
<b>F31.2</b>	Bipolar I D/O, Current or MRE, Manic, Severe w/ Psychotic Features
<b>F31.4</b>	Bipolar I D/O, Current or MRE, Depressed, Severe w/o Psychotic Features
<b>F31.5</b>	Bipolar I D/O, Current or MRE, Depressed, Severe w/ Psychotic Features
<b>F31.9</b>	Bipolar I D/O, Current or MRE, Unspecified
<b>F31.81</b>	Bipolar II D/O
<b>F21</b>	Schizotypal Personality D/O
<b>F60.3</b>	Borderline Personality D/O