



**CRSP Enrollment Form**  
 (Person Seeking Services - Complete this form to make a choice)

We are asking you to choose a Clinically Responsible Service Provider (CRSP) to coordinate services.

**STEP 1:** Please fill out the boxes below. If you need help, please call a DWIHN Access Center Representative at **1-800-241-4949** or **(TDD) 711 for the Hearing Impaired.**

First Name: <b>(Please Print)</b>	Middle Initial:	Last Name:
Street:	City:	Zip Code:
Date of Birth:	Sex: Male ___ Female ___ Other: _____	
Phone Number: ( )		Alternate Phone Number: ( )
Work Phone Number: ( )	E-mail:	
Social Security Number (last 4 #'s):		
Do you have Medicaid? Yes ___ No ___ If yes, provide your Medicaid ID#:		
Your First Language is: ___ English ___ Arabic ___ Chinese ___ Italian ___ Polish ___ Spanish ___ Other: Specify _____		

**STEP 2: QUESTIONS:** Please answer the following questions before you make a choice.

- Do you understand how to make a choice? \_\_\_Yes \_\_\_No
- Has someone talked to you about making a choice? \_\_\_Yes \_\_\_No
- Do you want someone to talk to you about making a choice? \_\_\_Yes \_\_\_No

**STEP 3:** Look through your Provider Directory Booklet to select the CRSP of your choice (Directory available online DWIHN.org or contact DWIHN Customer Service Department (ph: 313-833-3232) to have a hard copy mailed to you for review.

or

If you need help finding a provider, call a **DWMHA Access Center Representative at 1-800-241-4949.**

When you have decided which provider you would like to be your CRSP (Clinically Responsible Service Provider – Case Manager / Coordinator), check a 1<sup>st</sup> and 2<sup>nd</sup> choice from the list below.

PROPOSED CRSP	
Adult Mental Health (SMI)	Child Mental Health (SED)
<input type="checkbox"/> All Well Being Services (AWBS)	<input type="checkbox"/> Arab Community Center for Economic and Social Servs (ACCESS) (this is a CCBHC)
<input type="checkbox"/> American Community Council (ACC)	<input type="checkbox"/> America's Community Council (ACC)
<input type="checkbox"/> Arab Community Center for Economic and Social Services (ACCESS) (this is a CCBHC)	<input type="checkbox"/> Assured Family Services
<input type="checkbox"/> Central City Integrated Health	<input type="checkbox"/> Centers for Family Development
<input type="checkbox"/> Detroit Recovery Project	<input type="checkbox"/> Community Network Services (CNS) (this is a CCBHC)
<input type="checkbox"/> DWIHN Outpatient Clinic (D.O.C.)	<input type="checkbox"/> Development Center (MiSide) (this is a CCBHC)
<input type="checkbox"/> Centers for Family Development	<input type="checkbox"/> DWIHN Outpatient Clinic (D.O.C.)
<input type="checkbox"/> Central City Integrated Health	<input type="checkbox"/> Hegira (this is a CCBHC)
<input type="checkbox"/> Community Network Services (CNS) Healthcare (this is a CCBHC)	<input type="checkbox"/> Judson Center
<input type="checkbox"/> Development Centers (MiSide) (this is a CCBHC)	<input type="checkbox"/> Lincoln Behavioral Services
<input type="checkbox"/> Elmhurst Home (Male only) / Naomi's Nest (Female only) (this is a CCBHC)	<input type="checkbox"/> Neighborhood Service Organization (NSO)
<input type="checkbox"/> Hegira Health, Inc. (this is a CCBHC)	<input type="checkbox"/> Pulse Community
<input type="checkbox"/> Judson Center	<input type="checkbox"/> Ruth Ellis Center
<input type="checkbox"/> Lincoln Behavioral Services	<input type="checkbox"/> Southwest Counseling (MiSide) (this is a CCBHC)
<input type="checkbox"/> Neighborhood Service Organization (NSO)	<input type="checkbox"/> Starfish Family Services
<input type="checkbox"/> Psygenics	<input type="checkbox"/> Team Wellness Center
<input type="checkbox"/> Pulse Community Health	<input type="checkbox"/> The Childrens Center
<input type="checkbox"/> Ruth Ellis Center	<input type="checkbox"/> The Guidance Center (this is a CCBHC)
<input type="checkbox"/> Southwest Counseling Services (MiSide) (this is a CCBHC)	<input type="checkbox"/> Vital Health Management
<input type="checkbox"/> Starfish Family Services	<input type="checkbox"/>
<input type="checkbox"/> Team Wellness Center	<input type="checkbox"/>
<input type="checkbox"/> The Guidance Center (this is a CCBHC)	<input type="checkbox"/>
<input type="checkbox"/> Vital Health Management	<input type="checkbox"/>
Adult I/DD (Intellectual-Developmental Disability)	Child I/DD (Intellectual-Developmental Disability)
<input type="checkbox"/> All Wellbeing Services (AWBS)	<input type="checkbox"/> Community Living Services (CLS)
<input type="checkbox"/> Community Living Services	<input type="checkbox"/> Community Network Services (CNS)
<input type="checkbox"/> Community Network Services (CNS)	<input type="checkbox"/> Development Centers (MiSide)
<input type="checkbox"/> Development Center (MiSide)	<input type="checkbox"/> Easter Seals / MORC
<input type="checkbox"/> Easter Seals / MORC	<input type="checkbox"/> Hegira
<input type="checkbox"/> Gesher (JVS)	<input type="checkbox"/> Judson Center
<input type="checkbox"/> Goodwill Industries	<input type="checkbox"/> Neighborhood Services Organization
<input type="checkbox"/> Judson Center	<input type="checkbox"/> Psygenics
<input type="checkbox"/> Neighborhood Services Organization	<input type="checkbox"/> Starfish Family Services
<input type="checkbox"/> Psygenics	<input type="checkbox"/> Team Wellness Center
<input type="checkbox"/> Services to Enhance Potential (STEP)	<input type="checkbox"/> The Childrens Center
<input type="checkbox"/> Team Wellness Center	<input type="checkbox"/> The Guidance Center
<input type="checkbox"/> The Guidance Center	<input type="checkbox"/> Vital Health
<input type="checkbox"/> Vital Health	<input type="checkbox"/> Wayne Center
<input type="checkbox"/> Wayne Center	<input type="checkbox"/>

**STEP 4: Your Signature.** Please sign in the box below

Signature:	Date:
Please Print Name:	
Signature and Title of the person helping you fill out the form:	

**STEP 5:** Please fill out the box below if you have a legal guardian or an appointed power of attorney.

If you need help, call a DWIHN Access Center Representative at:  
**1-800-241-4949 or (TDD) 1-866-870-2599 for the Hearing Impaired.**

Name:	
Address:	
Phone Number: (     )	E-mail:
Relationship: _____ Parent: _____ Family Member _____ Spouse _____ Other _____ Guardian _____	

**STEP 6:** Please mail your application back to the address below

**DWIHN Access Center**  
**707 W. Milwaukee**  
**Detroit, MI 48202**  
Email: [AccessCenter@dwihn.org](mailto:AccessCenter@dwihn.org)

**STEP 7:** Someone from DWIHN or your selected provider will contact you to complete an eligibility screening and schedule an intake appointment.