

**CMP MH/DS**  
 724 Phillips Street, Suite 202, Stroudsburg PA 18360  
*Targeted Case Management Department*

**Resource List**

**Consumer Information**

Name:		BSU #:		Intake Date:	
Address:					
Home Phone:		Mobile #:		Other #:	
Soc. Sec. #:		DOB:		Marital Status:	
Diagnosis:					
Medical Problems:					

**Income and Insurance Information**

Medical Assistance #:		Medicare:	
Other Insurance:			
Income Source		Mthly Amount	

**Contact Information**

*Person to Notify in Case of Emergency:*

Name:		Relationship:	
Street:			
Phone#:			

*Family Members/Relatives:*

Name	Relationship	Address	Phone Number

*Providers:*

To include mental health and medical providers, treatment, and pharmacies.

Name	Type	Address	Phone Number

*Agencies and Community Contacts:*

Name	Type	Address	Phone Number