



Magellan Behavioral Health of Pennsylvania, Inc.
HealthConnections (HC) Program
Wellness Recovery Team (WRT) Referral

☐ Lehigh County

☐ Montgomery County

☐ Northampton County

Please complete the below form in its entirety and return to your Administrative Navigator.

Date Completed: _____

Navigator Agency: Haven House

Referral Source: _____

Referral Source Contact #: _____

Member's Name: _____

Member's Date of Birth: _____

Member's Medical Assistance ID #: _____

Member's Phone #: _____

Member's Physical Address: _____

Mental Health Diagnosis: _____

Medical Diagnosis: _____

Current Treatment Supports: _____

Other Supports: _____

Brief overview of why member would benefit from this level of care (include functional limitations and degree of impairment):

What needs to happen for member to move towards self management and feel more empowered/complete all stages?

Referral Completed By

Phone #

Administrative Navigator Signature

Date