blue CALIFORNIA | PROMISE

Community Supports (CS) Request Form

Blue Shield of California Promise Health Plan

To submit referrals or questions, send a secure email to:
CommunitySupports@blueshieldca.com

REQUEST TYPE: ☐ URGENT ☐ ROUTINE
Member consented to referral: ☐ Yes ☐ No

I. MEMBER INFORMATION	Primary language spoken:	
Last name:	Other language(s):	
First name:	MI:	DOB:
Member ID:	CIN#:	Plan type:
Address:	Apt/Unit:	Gender:
City:	ZIP code:	Phone:

II. REQUESTOR INFORMATION	
Date of request:	Requestor name:
Requestor phone:	Requestor fax #:
Requestor agency/provider group:	Requestor email:
	Blue Shield Promise ECM provider? ☐ Yes ☐ No

III. COMMUNITY SUPPORT SERVICE(S) REQUESTED

***For Home Modification and Housing Deposits:** Requests are incomplete without an itemized list of desired services and must include specific amount(s).

Select a CS type from the drop-down menus below. Transitional rent requests require a separate referral form.

CS type requested	Requested start date	End date (if applicable)	Requested duration

Diagnosis code(s):

Diagnosis description(s):

Reason for referral:

IV. FOR BLUE SHIELD PROMISE USE ONLY – CS Request Decision

◯ APPROVED Auth start date: Auth end date: Total units approved: Auth#

◯ DENIED Reason for denial: Narrative:

◯ REQUEST RESCINDED Rescind reason: Other:

Reviewer's name:	Signature:	Date reviewed/decided:

Member eligibility verified as of:

THIS REFERRAL DOES NOT GUARANTEE ELIGIBILITY. CHECK ELIGIBILITY PRIOR TO RENDERING SERVICE.
Payment will NOT be made for unauthorized services.

blueshieldca.com/promise