

INSTRUCTIONS FOR REFERRAL PACKET

Please read instructions carefully as missing or incomplete referral packet forms will delay reimbursement or cause sessions to be denied.

This client has been approved for:

Participant Name: _____

Employer: _____

Authorization #: _____

Authorization Period: _____

Service to be Provided: ___ Mental Health ___ CD Evaluation ___ SAP Evaluation ___ Education Group

Number of EAP Sessions Authorized: _____

Additional sessions may be available and can be requested by counselors at The Village Business Institute (VBI) at 1-800-627-8220. If additional sessions are approved, a **new** authorization number will be provided.

The following forms are included in the referral packet:

- The Village Acknowledgement Statement
- 1st & 4th WOS Assessments

Instructions for completing referral packet

1. Please **review The Village Acknowledgement Statement** with Village EAP client at first session, providing any additional assistance required to clients to review and understand this document. Please indicate that you have reviewed this document with the client in the box on the billing form.
2. Client is to fill out attached **WOS Assessment** at first and fourth session; counselor to submit with billing form.
3. The Village Billing Form must be submitted **no later than 60 days** from the date the session was rendered.
 - a. Billing is completed via Google Forms. Fill out the form at www.TheVillageFamily.org/billing
 - b. If you have seen the client for 8 sessions and are requesting additional sessions, you must complete the 8th Session Review form at www.TheVillageFamily.org/8session
4. All client cases inactive for 60 or more days will be closed. ***Clients must call The Village EAP [800-627-8220] to request their Employee Assistance Program benefit be reactivated.*** If reactivated, a new referral packet will be forwarded to the counselor for completion.
5. VBI will reimburse one session per week. Secondary sessions require prior authorization. **Unauthorized sessions will not be reimbursed.**
6. The Village EAP does not reimburse for no-shows; however, we still need the intake page back marked no show/cancellation. If a client does not appear for more than one scheduled session, please call The Village EAP Clinical Associate. We will work with you and the client to ensure that further sessions are not missed.
7. Counselors also must have up-to-date copies of licenses and liability insurance on file with The Village EAP to qualify for reimbursement.

Thank you for providing confidential and quality services to our EAP client(s).

The Village Business Institute

Phone: (800) 627-8220

Fax: (651) 925-0057



The Village Acknowledgement Statement

Village EAP Affiliates: Please review the following statement to Village EAP clients, providing any additional assistance required to clients to review and understand this document. Please indicate that you have reviewed this document with the client in the box on the billing form.

- The Village Employee Assistance Program offers initial assessment, short-term counseling, referral information, and other wellness-focused services for you and your household members. The initial assessment and counseling services are provided at no cost to you or your household members. If a referral is made outside of what is offered through The Village EAP, the financial responsibility for payment to the referral source is yours.
- Referrals from your counselor may be made if you have fulfilled your EAP sessions allotted for the contract year or if your counselor believes that longer-term, diagnostic level counseling is required for the presenting issue(s) that brings you to counseling. In the event of a possible referral, your counselor will discuss options with you prior to making any changes so that services are not ended abruptly without your knowledge.
- If you end services with your counselor in the future, or you have not had an appointment in 60 days, you must call The Village Family Service Center to get additional sessions approved prior to reestablishing services with your counselor or another counselor.
- If you have any questions or concerns regarding Village EAP services and what services are offered, please call The Village Family Service Center at 1-800-627-8220.

Client Name:

Today's Date:

WORKPLACE OUTCOME SUITE – 5 ITEM VERSION

GENERAL INSTRUCTIONS

Below is a series of statements that refer to aspects of your work and life experience that may be affected by the personal problems you want to address at the EAP during the past 30 days. Please read each item carefully and answer as accurately as you can.

			NUMBER OF HOURS				
AB	1.	For the period of the past 30 days, please total the number of hours your personal concern caused you to miss work. Include complete eight-hour days and partial days when you came in late or left early.					
INSTRUCTIONS FOR ITEMS 2 – 5			STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEUTRAL	SOMEWHAT AGREE	STRONGLY AGREE
The following statements reflect what you may do or feel on the job or at home. Please indicate the degree to which you agree with each of the statements for the past 30 days. Use the 1-5 response key to the right.							
PR	2.	My personal problems kept me from concentrating on my work.	1	2	3	4	5
WE	3.	I am often eager to get to the work site to start the day.	1	2	3	4	5
LS	4.	So far, my life seems to be going very well.	1	2	3	4	5
WD	5.	I dread going into work.	1	2	3	4	5

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Please have client complete at 1st session



For more information contact: Richard Lennox, Ph.D.
 rlennox@chestnut.org
 919.933.0797

Dave Sharar, Ph.D.
 dsharar@chestnut.org
 309.820.3570

1.800.433.7916

www.chestnutglobalpartners.org

Client Name:

Today's Date:

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Please have client complete at 4th session



For more information contact: Richard Lennox, Ph.D.
 rlennox@chestnut.org
 919.933.0797

Dave Sharar, Ph.D.
 dsharar@chestnut.org
 309.820.3570

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