Alabaster Case Management

Community Alternatives Program for Children (CAP-C)

Referral Form

If you would like to start the referral process for CAP-C services, please give us a call. We would be happy to walk with you through the process and explain in more detail what is required and what steps to take to get started.

You can also complete the information below and send via fax or email.

Applicant's Name	
Applicant's Date of Birth	
Applicant's Medicaid ID Number	
Gender	
Mailing Address	
Phone Number	
Parent/Legal Guardian Name	
Language Spoken in the home	
Primary Care Physician/Pediatrician	
Physician Practice Name	
Person completing referral and Phone number	

For more information please contact us

Phone: 910-789-0508

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www.alabastercm.com

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