South Dakota Department of Social Services

DIVISION OF BEHAVIORAL HEALTH
PHONE: 605.367.5236
1.855.878.6057
FAX: 605.367.5239
WEB: dss.sd.gov

Individualized Mobile Programs of Assertive Community Treatment (IMPACT)
Program Start Notification (PSN)

Date PSN Form Completed: _____ **Start Date in IMPACT:** _____

First Name: _____ **Last Name:** _____

STARS ID: _____ **DOB:** _____

Funding Source: ☐ State Contract ☐ Medicaid

Referral Source: _____

Agency Contact Name: _____

Agency Contact Email: _____

Recommended Impact Program: --Choose an item.-- _____

Eligibility Criteria:
Clinical supervisor signature below indicates verification that client meets eligibility criteria as stated in ARSD 67:62:13:01.

_____ _____

IMPACT Clinical Supervisor **Date**

Please send completed referral form through a secure or encrypted email to:
DSSDBHMHREFDIS@state.sd.us