

# CARESTRATEGIES

## Required Authorization Information (RAI)

(for all Integral Care consumers)

### Referral Information

Referral Date:

Referral (Coordinator's Name):

Organization (Coordinator's Organization):

Please choose one:

Type of Services (Mentoring/Therapy/Massage/Etc.):

Service Code:                      Authorization Number:                      Hours (Monthly/Annual):

Service Code:                      Authorization Number:                      Hours (Monthly/Annual):

Duration of Authorized Services (Monthly/Annual):

Goal(s)/Objective(s):

### Consumer Contact Information

Name:

Address:

Date of Birth:

Phone:

Email:

Parent/Guardian (if appropriate):

### Provider (Mentor/Therapist/Etc) Contact Information

Name:

Phone:

Email:

**Please Fax RAI to: 1-855-527-8728**

**Or Email RAI to: [info@cstrategies.org](mailto:info@cstrategies.org)**

**Please note:** RAI needed to schedule initial visit.

Mailing: 4300 Speedway  
Unit 4404  
Austin, TX 78765

855-527-8728  
[info@cstrategies.org](mailto:info@cstrategies.org)

Physical: 6901 N. Lamar Blvd.  
Suite 124  
Austin, TX 78752