

St. Clair County Community Mental Health
Request to Create a New Group

Instructions: Please fill out the following information in regard to your proposed group. Once complete, submit your request to the [Data/OASIS Helpdesk](#) system for review.

Date of Request: _____

Contact Information:

(Please provide us a contact person to reach out to in case there are any further questions regarding this request).

Contact Name: _____

Email Address: _____ Phone #: _____

Group Details:

Name of Proposed Group: _____

Description of Group: (i.e., Purpose/goals of group, activity/skill(s) being taught, etc.)

Target Audience: (e.g., Adults/Kids, MI/IDD population, Veterans, etc.)

Frequency of Meetings: Weekly Bi-weekly Monthly Other: _____

Meeting Location: In-Office In Community

Proposed Presenter: _____

Presenter's Credentials: (i.e., Peer Support Specialist, Dietitian, etc.)

****For QIDM Staff Use Below this Line****

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Decision Date: _____

Request for Group: Approved as Submitted Approved with Modifications

Recommended Billing Code: _____

Recommendations for Documentation:

