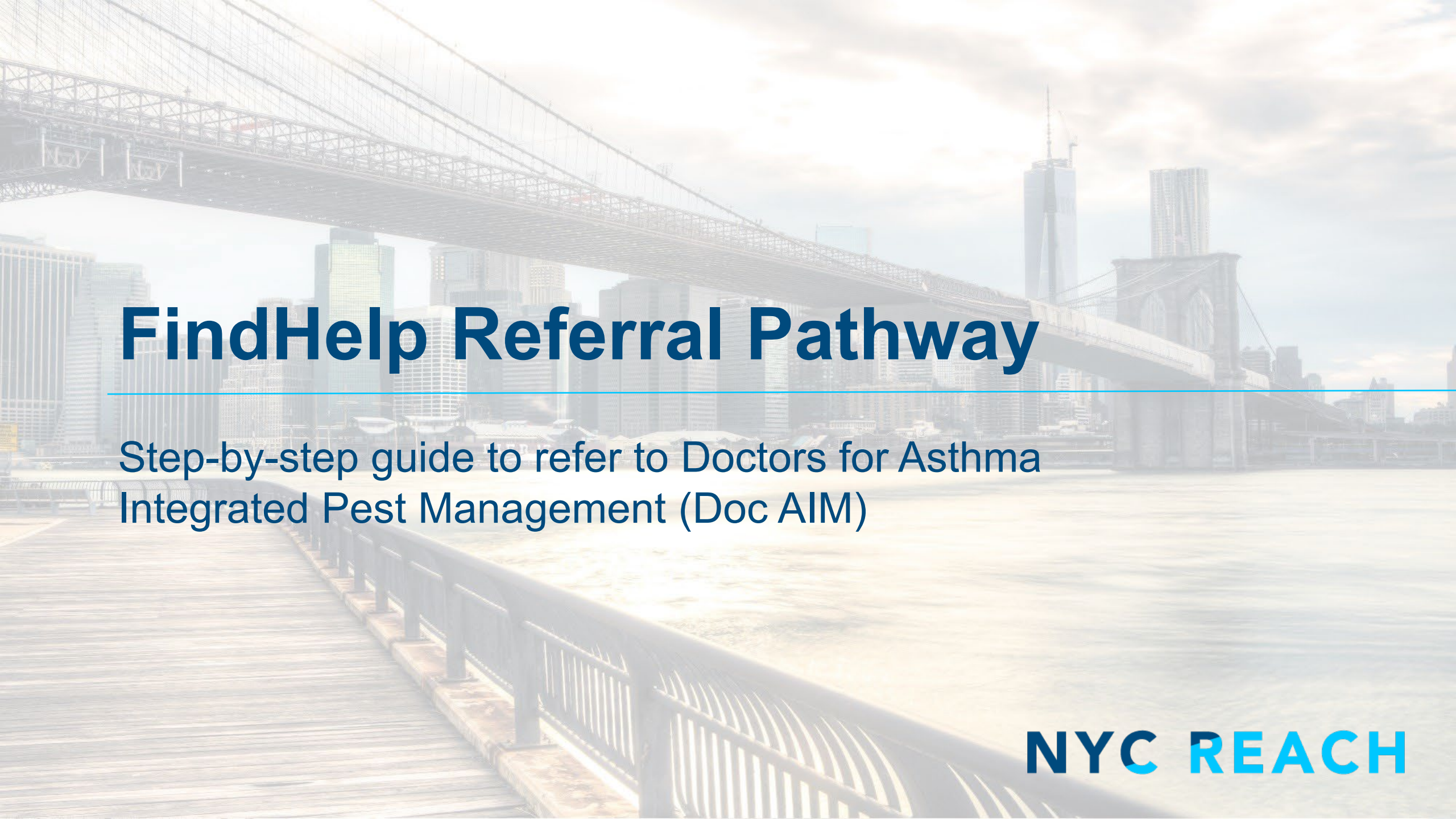




FindHelp Referral Pathway

Step-by-step guide to refer to Doctors for Asthma
Integrated Pest Management (Doc AIM)

NYC REACH

PDF REFERRAL FORM EXAMPLE

Pest Control for Children with a Recent Hospital Visit Due to Asthma

Doc AIM*

Referral Form

Please email the form to CABS Health Network at cabsMTIA@cabshomecare.org with the subject line: "Doc AIM Referral" or fax to (718) 889-7113.

Referral Date: _____

☐ Parent ☐ Guardian

Parent / Guardian's Name: _____

Child's Address: _____

Phone: _____ Email: _____

Child's Name: _____

Date of Birth: _____

Hospital Name: _____

☐ Hospitalization ☐ Observation Stay ☐ 2nd asthma ED Visit in 12 Months

Asthma Admission Date: _____ Asthma Discharge Date: _____

2nd Asthma ED Visit Date : _____

Pests in the Home

☐ Mice ☐ Cockroaches

Referring Organization: _____ Contact Name: _____

Phone: _____ Email: _____

NYC REACH
* Formerly known as Medicaid Together

The Doc AIM Assessment on Unite Us and FindHelp is **identical** to the PDF option.

You will need to provide:

- Referral Date
- Information about the Parent/Guardian & Child:
 - Name of Parent/Guardian & Child
 - Date of Birth of Child
 - Address for IPM services
 - Phone
 - Email
- Clinical Information:
 - Hospital where ED or Hospitalization Occurred
 - Dates of ED or Hospitalizations
- Are there mice or cockroaches in the home?
- Contact information of the referring organization

NAVIGATE TO FINDHELP (FINDHELP.ORG)



[Support](#) [Sign Up](#) [Log In](#)

Find free or reduced-cost resources like food, housing, financial assistance, health care, and more.

ZIP

11222

[Search](#)

69,056,775 people use it (and growing daily)

By continuing, you agree to the [Terms](#) & [Privacy](#)

ENTER A ZIPCODE TO SEARCH FOR RESOURCES



[Support](#) [Sign Up](#) [Log In](#)

Find free or reduced-cost resources like food, housing, financial assistance, health care, and more.

ZIP

11222

[Q Search](#)

69,056,775 people use it (and growing daily)

By continuing, you agree to the [Terms](#) & [Privacy](#)

Enter the zip code closest to the patient who requires services.

SEARCH FOR DOC AIM PROGRAM



[Support](#) [Sign Up](#) [Log In](#)

ZIP or keyword or program name



Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost help starts here:

Select Language English



FOOD



HOUSING



GOODS



TRANSIT



HEALTH



MONEY



CARE



EDUCATION



WORK



LEGAL

Doc AIM will pop up with multiple keywords, such as:

- Doc AIM
- Asthma
- Pest Management
- Pest Control
- Doctors



4,165 programs

in the Brooklyn, NY 11216 area

Choose from the categories above and browse local programs

This curated database of resources is provided by **findhelp, a Public Benefit Corporation.**

MAKE A REFERRAL – SELECT APPLY HERE



[Support](#) [Sign Up](#) [Log In](#)

ZIP or keyword or program name



Select Language English ▼



FOOD



HOUSING



GOODS



TRANSIT



HEALTH



MONEY



CARE



EDUCATION



WORK



LEGAL

brooklyn, ny (11216) / showing results for search: Doctors for Asthma Integrated Pest Management (Doc AIM) < 1 - 2 of 2 >

Sort by RELEVANCE CLOSEST

Personal Filters ▼

Program Filters ▼

Income Eligibility ▼

Notice out-of-date information or see a program you work for? Click [Suggest](#) to share an update or claim your program listing to get access to free tools and data.

Best Matches

These programs contain **all of the word(s) you searched** in the provider name, program name, or description and are likely to be the most relevant matches.



Doctors for Asthma Integrated Pest Management (Doc AIM)

by Doctors for Asthma Integrated Pest Management (Doc AIM)

Reviewed on: 03/12/2025

Formerly known as Medicaid Together, the Doctors for Asthma Integrated Pest Management (Doc AIM) provides support to children (0-17 years old) with integrated pest management services to help...

Main Services: pest control

Serving: teens, school-aged children, preschoolers, toddlers, infants <1, chronic illness, families, with children

Next Steps:

Email cabsmtia@cabshomecare.org to get more info.

Serves your local area

Open Now: 9:00 AM - 5:00 PM EDT ▼

MORE INFO ▼



SAVE



SHARE



NOTES



SUGGEST

APPLY HERE

The Doc Aim Program Information will pop-up.

* Please note that Doc AIM serves ALL NYC boroughs *

MAKE A REFERRAL – BEGIN SCREENER

MORE INFO ▾

★ SAVE ↗ SHARE 📋 NOTES ✎ SUGGEST

📄 APPLY HERE

Start a screener for this program

- Eligibility**
- They have recently been admitted to the hospital or had a second ER visit in the last 12 months.
 - This program helps people who are 0 to 17 years old
 - This program serves children with asthma.
 - This program serves residents of all 5 boroughs of NYC (Bronx, Queens, Brooklyn, Manhattan, and Staten Island).

Who is this for? ☐ For myself or my family
☒ I'm referring someone else

Your Name *

Your Email Address

Tell us about the person you're helping:

Someone you've Connected before:

TIP: Log in to use contact info on file! Or

Connecting someone new:

Their Name *

Their Email Address

Their Phone Number

Their Language ▾

Best way to reach them* ☐ Email
☐ Text message
☐ Phone call
☐ Don't reach out

Comment [Add a comment...](#)

Confirm Consent * ☐ I have appropriate consent from the person or their guardian (if under 18) to:

- Send their contact info and additional info through this system to this agency, and
- Send them info **about this program** through the findhelp platform (including any responses sent to them by the program).

The program provider has a few more questions!

Choose "Next" to log in to your account and continue to the program's form.

📄 NEXT

This will prompt you to start a screener for Doc AIM.

You must fill out the following:

- Your name (Referring party)
- Patient Name
- Best way to reach them
- Confirming consent to share the resource and their information

MAKE A REFERRAL – SCREENING APPLICATION

[Support](#)[My Program Tools](#) ▾[People I'm Helping](#) ▾[JS Joohee](#) ▾

Screening Application for Doc AIM Program

Select Language ▾ [Google Translate](#)

This form must be completed in one sitting, you can not save and return to this form later. Please fill out this form as completely as you can, and make sure you have any reference documents on hand. You may be asked for documentation later to confirm what you've listed here. If you are filling out this form for someone else, answer how they would answer. This form is to help us find out if you might be eligible for services, filling it out does not guarantee services.

The Screening Application for Doc AIM ensures the program has all the information needed to provide free IPM services to patients.

Patient Information

SCREENING SECTIONS – PATIENT INFORMATION

Patient Information
Parent/Guardian's Name *
Child's Name *
Child's Date of Birth *
Child's Address *
123 Main St.
City & State *
ZIP Code *
Phone Number *
Email Address *

The Patient Information Section contains information about the patient, the patient's parent/guardian and where the IPM services will take place.

Doc AIM services all 5 boroughs of NYC.

SCREENING SECTIONS – PATIENT INFORMATION

Clinical Information

Which clinical eligibility does the child meet? *

- ☐ Hospitalization
- ☐ Observation Stay
- ☐ 2nd Asthma ED Visit in 12 Months

Asthma Admission Date *

MM/DD/YYYY

Asthma Discharge Date *

MM/DD/YYYY

2nd Asthma ED Visit Date

MM/DD/YYYY

Pests in Home

Does the patient have the following pests in their home? *

- ☐ Mice
- ☐ Cockroaches

The Patient Information Section contains information about the patient, the patient's parent/guardian and where the IPM services will take place.

Doc AIM services all 5 boroughs of NYC.

CLOSING THE REFERRAL LOOP

Referring Organization

Referring Organization Name *

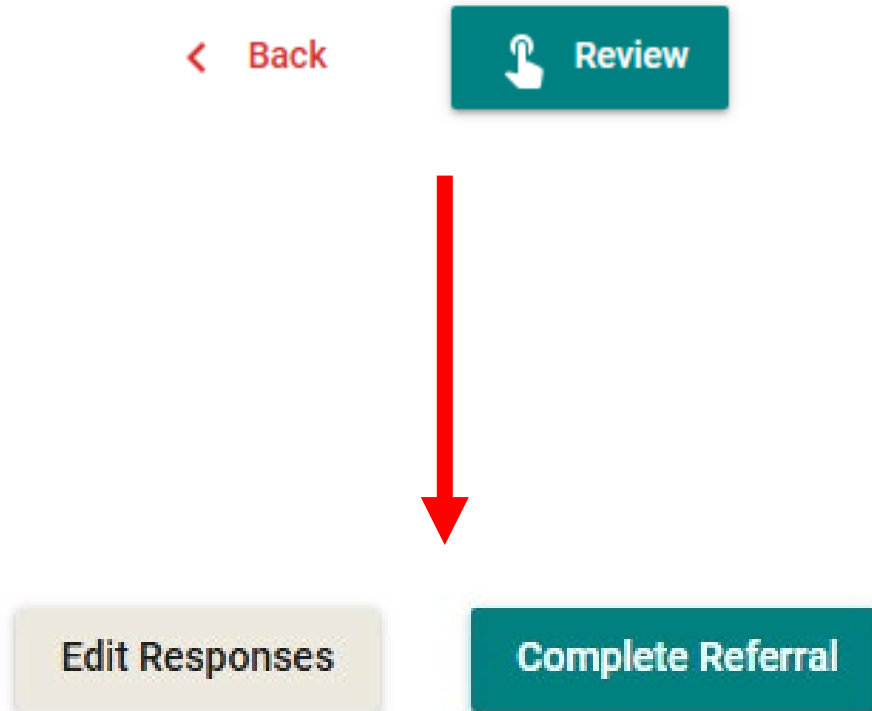
Contact Name at Referring Organization *

Phone Number (in case we need to contact for additional information) *

Email Address (in case we need to contact for additional information) *

To close the referral loop and notify you when your patients have received services, please enter in your organization and contact information.

REVIEW AND REVISIONS



When you have completed the screener, press Review at the bottom of the screen.

You will be taken to a preview of the completed screener to either edit your responses or complete the referral.

Please make sure to scroll to the bottom to complete the referral.

Thank You

 [START ANOTHER SEARCH](#)

 [CONTINUE SEARCHING](#)

Thank you for submitting the referral form for Doc AIM!

We will review the referral to determine eligibility and reach out with any questions. Please feel free to email the Doc AIM Project Manager, Joohee Suh (jsuh@health.nyc.gov) with any questions about the program.

After completing the referral, you will review a Thank You confirmation page.

Please reach out to Joohee Suh, Doc AIM Project Manager, with any questions and training requests for Doc AIM.

FOLLOWING UP

The Doc AIM Patient Navigator will begin their outreach to your patient.

You can track the status of the referral by navigating to People I'm Helping and seeing a list of your referrals.

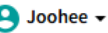
The Doc AIM Patient Navigator will begin their outreach to your patient.

You can track the status of the referral by navigating to People I'm Helping and seeing a list of your referrals.



Program Tools ▾

People I'm Helping



People I'm Helping

Assignee

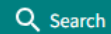
[Show All](#)

Archived Profiles

[Show All](#)

Apply Filters

Search name or email

[illegible]