Referral Form

Date of referral: _____

Referral source / agency: _____

Referral contact name and phone: _____

Prospective resident name: _____

DOB: _____

Phone: _____

Emergency contact: _____

Current living location: _____

Current living situation: _____

Recovery History: _____

Desired move-in date: _____

Funding source: _____

Current treatment provider, if any: _____

Behavioral needs: _____

MOUD/medication provider, if any: _____

Legal/supervision requirements (contact, if yes): ☐ Yes ☐ No _____

Primary recovery needs / concerns: _____

_____

_____

Known safety concerns: _____

Complete this form for each referred person. Attach releases/ROI only when needed and properly signed. Do not collect more information than necessary for recovery housing fit and safety.

PLEASE STOP HERE

Office use only: Admission decision: ☐ Accepted ☐ Waitlist ☐ Need more information ☐ Refer elsewhere ☐ Declined - Reason / next steps: _____

_____

_____

Reviewed by: _____ Date: _____