



REDEFINING THE FUTURE NETWORK

Contact Request Form/Referral Form

Client Information

☐ New Admission ☐ Re-Admission Referral Source: _____ Date: _____

Client Name: _____ **Date of Birth:** _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Age: _____ Gender: _____ Marital Status: _____ MA#: _____

Race: ☐ Black ☐ White ☐ Hispanic/Latino ☐ Native American ☐ Asian ☐ Other

Parent's Name (if under 18): _____

Employment Status: ☐ Full-Time ☐ Part-Time ☐ Unemployed ☐ Full-Time Student

Highest Education Level: ☐ High School ☐ Bachelor ☐ Master ☐ Doctoral ☐ Grade: _____

Emergency Contact Name: _____ Relationship: _____

Areas of Need: ☐ Gambling Addiction ☐ Mental Health (Anxiety, Depression, Etc.)
☐ Substance Abuse ☐ Other

If other, please describe your area of need.: _____

Medical Concerns (if any): _____

Legal Concerns (if any): _____

History of Arrest: ☐ None ☐ Within the last 30 days ☐ Within the last 12 months

Are you a Veteran ☐ No ☐ Yes If yes, branch and war history _____

Date Enlisted: _____ Date Discharged: _____ Discharge Type: _____

Please fully complete and email the form to referrals@rtfnetwork.com or fax to 410.994.4598.