**JOURNIES INC.**

700 36th Street, Ste. 106

Grand Rapids, MI 49548

Phone: 616.774.7002

Fax: 616.774.7007

**Client Referral Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name:** | Click/tap here to enter client name. | **Phone:** | Click/tap here to enter phone. |
| **Date of Birth:** | Click/tap here to enter client date of birth. |  |  |
| **Conviction:** | Click/tap here to enter conviction. | **BAC:** | Click/tap here to enter BAC. |
| **Probation Start:** | Click/tap here to enter start date. | **Probation End:** | Click/tap here to enter end date. |

**Reason for Referral:**

[ ]  **Substance Use Assessment $115**

[ ]  **Substance Use Assessment with Drug Screen $135**

[ ]  **Impulsivity Group $115**

[ ]  **First Offenders Group $115**

[ ]  **Retail Fraud Group $115**

[ ]  **Crossroads Group (8 AOD education sessions) $385**

[ ]  **Individual Counseling in English or Spanish $80 per session**

[ ]  **Intensive Outpatient Group $735**

[ ]  **Relapse Prevention $35 per session**

[ ]  **Women’s Group $35 per session**

[ ]  **MADD VIP Impact Panel in Spanish $35 per session**

[ ]  **Drug Test (instant stick test)**

**If referring for drug test, select which type:**

[ ]  **THC $15** [ ]  **ETG $15** [ ]  **THC + ETG $20** [ ]  **8 Panels $30**

[ ]  **8 Panels / ETG $35** [ ]  **12 Panels $35** [ ]  **12 Panels / ETG $35** [ ]  **Lab $35**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referred By:** | Click/tap here to enter referring agent’s name | **Court:** | Click/tap here to enter court. |
| **Appointment Date:** | Click/tap here to enter appointment date. |  |  |

I, Click/tap here to enter client’s name , hereby authorize Journies Inc., its director or designee(s), to release information to, and to receive information from, Click/tap here to enter referring agent’s name. The extent and nature of the information will concern my attendance and progression in the program and, if needed, recommendations outside of Journies Inc.’s facility. The purpose of this disclosure is to assist the referring agency in reaching a satisfactory disposition of my case. The authorization will remain in effect until the purpose for which it was given no longer exists. In the case of criminal justice referral, the authorization will expire when the program receives official written notice of a change in my legal status.

**Client Signature:** **Date:**

**Referring Agent Signature:**  **Date:**

 REV: J.V. 1/2025