

# JOURNIES INC.

528 Bridge St. NW #3  
Grand Rapids, MI 49504  
Phone: 616-774-7002  
Fax: 616-774-7007

## Referral Form

Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Conviction: \_\_\_\_\_ BAC \_\_\_\_\_  
Probation Start: \_\_\_\_\_ End: \_\_\_\_\_

Reason for referral:

- Substance Use Assessment \$100/\$120
- First Offenders Group \$100
- Retail Fraud Group (1 day \$100)
- Retail Fraud Group (8 sessions or 4 individual days \$370)
- Crossroads Group (8 AOD education sessions) \$370
- Individual Counseling in *Spanish* \$80/ per session
- Intensive Outpatient Group \$700
- Relapse Prevention \$30/per session
- Drug Test (instant stick test)

THC \_\_ \$15 ETG \_\_ \$15 ETG+THC \_\_ \$20 8 panels \_\_ \$30 8 panels/ETG \_\_ \$35  
12 panels \_\_ \$35 12 panels/ETG \_\_ \$35

Referred by: \_\_\_\_\_ Court: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

I \_\_\_\_\_ hereby authorize Journies Inc., its director or designee, to release information to (person and/or referring agency) and to receive information from, \_\_\_\_\_. The extent and nature of the information will concern my attendance and progression in the program and of needed, recommendations outside of our 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: \_\_\_\_\_ Date: \_\_\_\_\_

Referring agent: \_\_\_\_\_ Date: \_\_\_\_\_