

**Connect2Recovery (C2R) Referral Form**

Phone: 781-234-1650 Fax: 781-234-1647 Email: [Connect2Recovery@riversidecc.org](mailto:Connect2Recovery@riversidecc.org)

**Service Requested:**

To evaluate your referral for C2R services, please **complete this form in full** and email to [Connect2Recovery@riversidecc.org](mailto:Connect2Recovery@riversidecc.org) or fax to 781-234-1647. Please include a signed release if available. Once the information is received, program management will review within 48 business hours.

**Community Support Program (CSP)**

**Community Support Program – Justice Involved (CSP-JI)**

**Certified Peer Specialist (CPEER)**

**Recovery Coach (RC)**

**Recovery Support Navigator (RSN)**

**RC & RSN**

**Currently receive services w/ Riverside?** Yes No

If yes, indicate which program(s) & location(s):

**Referral Date:**

**Referral Source Name, Contact# & Agency**:

**Personal Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: | | | | SSN: | DOB: | Gender: |
| Current Address: Check if homeless | | | | Town/City: | State: | Zip: |
| Phone Number:  Home Cell | | Secondary Contact | | | Secondary Contact Number: | |
| Emergency Contact Name: | | Emergency Contact Relationship: | | | Emergency Contact Phone: | |
| Race: | Ethnicity: | | Primary Language: | | Marital Status: | |
| **Eligible Insurance Plans:**  Mass General Brigham MBHP WellSense Fallon Tufts Public  Commonwealth Care Alliance Tufts Unify United Health One Care Plan  Medicaid-Medicare (Cert. Peer, CSP/CSP-JI services only)  Optum Private (plan dependent – RC/RSN services only) | | | | | Member ID: | |
| Person is aware of C2R referral and would like services? Yes No If no, please explain: | | | | | | |

**Diagnoses (Must include Substance Use Disorder and/or Mental Health diagnosis to process referral):**

|  |  |  |
| --- | --- | --- |
| **Diagnosis** | **ICD-10 Code**  **(F-Code)** | **Comments** |
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**Providers**: *Please include Medical, Psychiatric, Legal, Natural Supports, Other*

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **Role** | **Contact Name** | **Contact Telephone # (s)** |
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**Referral Information:**

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| **Why does the person want C2R services, and what are they hoping to gain?** |
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| **What is the person’s current housing situation?** |
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| **Does the individual have any family supports, social supports, or recovery supports? Please describe.** |
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| **Please list any hospitalizations in the past year including medical, detox, psychiatric admissions, and ED visits:** |
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| **Does the individual have any current or past recovery time? Please describe.** |
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| **Please describe any current or past legal concerns. (CSP-JI must have criminal justice involvement within the past 12 months)** |
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**GOALS**

*Please check all that apply. Include additional goals if needed.*

**Substance Use  Mental Health  Medical**

Recovery supports or 12-step Therapy/counseling Primary Care

Therapy/counseling Psychiatrist/medication Specialists

IOP/SOAP/day structure DMH referral Dental

MAT (e.g., methadone, suboxone) Partial/day treatment: Other:

Other: Other:

**Housing  Financial** Legal issues

Public housing applications SNAP/EAEDC/TAFDC Lacks day structure

Sober/recovery housing SSI/SSDI Lacks social/sober supports

Shelter/safe housing Employment/Career Center Lacks transportation to essential medical

Other: Mass Rehab and behavioral health appointments

Other: Temporary assistance with transportation

**Is there a history of violence or safety concerns?** Yes No If yes,

|  |  |  |
| --- | --- | --- |
| **Violent to:** | **Most recent date:** | **Information:** |
| Self |  |  |
| Others |  |  |

Questions may be directed to Alan Meister, LADC1 by emailing [Connect2Recovery@riversidecc.org](mailto:Connect2Recovery@riversidecc.org).