

**Connect2Recovery (C2R) NC-8 Recovery Coach Referral Form**

Email: NC-8@riversidecc.org

To evaluate your referral for C2R services, please **complete this form in full** and email to [NC-8@riversidecc.org](mailto:NC-8@riversidecc.org). Please include a signed release if available. Once the information is received, program management will review within 48 business hours.

**Referral Date:**

**Referral Source Name, Agency, Ph#:**

**Personal Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: | | SSN: | DOB: | Gender: |
| Mailing Address:  Check if homeless | | Town/City: | State: | Zip: |
| Phone Number:  Home  Cell | Emergency Contact Name & Relation: | | Emergency Contact Phone: | | |
| Race: | Ethnicity: | | Marital Status: | |
| Insurance Plan Name and ID# | | | | |

What **Substance(s)** are you seeking Recovery Coach support for**?**

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**Providers**: *Please include Medical, Psychiatric, Legal, Natural Supports, Other*

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

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| **Why does the person want Recovery Coach services, and what are they hoping to gain?** |
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| **Does the person have any current or past recovery time? Please describe.** |
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| **Please describe any current or past legal concerns. (Has there been any criminal justice involvement within the past year)** |
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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  Needs 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 Dan Foley via email, [NC-8@riversidecc.org](mailto:NC-8@riversidecc.org)