

**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. 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*

|  |  |  |  |
| --- | --- | --- | --- |
| **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)** |
|  |

**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