RECOVERY ROAD PROFESSIONAL REFERRAL FORM

PERSON FILLING OUT THIS FORM PLEASE READ BELOW!

THIS REFERRAL FORM MUST BE FILLED OUT BY A REFERRING STAFF MEMBER FOR ANY POTENTIAL RESIDENT TO BE CONSIDERED FOR ENTRY

Please do not give Recovery Road phone number to inpatient residents. Please reach out via email to intake@recoveryroadhomes.org to arrange a phone call time. Recovery Road does not call residents inside treatment centers back on their resident lines.

If you are a professional referring someone to our agency and have never read over our rules, rates, faqs tab on our website, please do. www.recoveryroadhomes.org This will help you know what type of agency you are referring your client to and make sure you believe they are a good fit for this program. We are trusting your discernment when you are making a referral that you believe that they are capable of following our rules and living in this type of environment.

Name of Personal Filling out Referral:_____

Name: _____

DOB: _____ Discharge date from agency: _____ Last four of social (door code)_____

1. Potential move in date to RR (if inpatient this must be same day as discharge date from your agency unless approved by a Recovery Road staff member):
2. Drug(s) of Choice and date of last use:
3. Medications currently prescribed:
4. Will this person have at least a week's worth of medication and an upcoming appt to continue medications when they our home?
5. Is there any medication(s) being recommended for this individual to start taking in the near future? If yes, what medication?
6. What stage of change do you believe they are in (precontemplation, contemplation, preparation, action, maintenance)?
7. Please provide feedback about their treatment stay both positive and potential barriers. If barriers aren't listed please answer the following: Why are they coming to recovery housing if they have no barriers in life?

8. Do they understand they will be providing their own bedding and food? Please do not send individuals without a plan for coordinating bedding and/or food. If you need assistance navigating google to find local resources in Kent Co please let us know. We are happy to share resources but cannot coordinate everyones bedding and food upon arrival. It is our expectation that the case managers sending individuals out into the community have helped them figure out how they will cover their basic needs prior to exiting treatment. It is a set up for failure to send someone into the community without at least brainstorming their basic needs.

9. How will they be paying program fees? (Please list which CMH if applicable NOT the region, we need the actual name of the CMH that they are working with)

10. Please provide the name of whom you got approval for funding from and the name of that agency.

11. Are they aware they must be compliant with all the requirements of their funding source and RR in order to receive funding?

12. Please provide any mental health diagnoses and any information that may be helpful for us to know.

13. Have they resided at Recovery Road before?

14. Has potential resident thoroughly read over our rules and FAQs? Please do not just say yes. Many residents tell us over and over no one gave them a copy. We realize many aren't being truthful but sometimes it is very clear that this never happened as well.

15. Do you or they have any specific questions in regards to rules or FAQs?

16. Do you believe that the potential resident will be able to manage their own schedule, provide their own transportation, prepare their own meals, and manage their own medications on a day to day basis?

17. What is their aftercare plan? Please include the name of the outpatient agency they will be working with and when their first/next appointment is. (Lakeshore Regional Entity (LRE) requires that individuals be enrolled in outpatient therapy coordinated by your agency prior to coming to RR). This means, if the person you're referring is going to be funded by Network180, OnPoint (Allegan), Ottawa CMH, Healthwest (Muskegon), or West Michigan Community Mental Health- you MUST set up an appt for aftercare for them before they leave your agency. If this does not happen, they cannot come.

18. Does this individual understand we cannot accept anyone whom are required to register on Sex Offender Registry or CSC history due to residents being able to have their children spend the night from time to time?

19. Does this person understand that marijuana use both medically and recreationally is not and will not be accepted at Recovery Road?