RECOVERY ROAD PROFESSIONAL REFERRAL FORM

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

The referral process for Recovery Road has been updated to better serve all involved. Our goal is to create the most stress-free experience for our potential residents.

Our first step is always to start with having any potential resident thoroughly read over the rules and FAQs from our website, www.recoveryroadhomes.org, to ensure they are willing and able to comply. If you are the referring staff and have not read the rules and FAQs yourself at least one time, we ask that you do so. Not all recovery homes are the same so without knowing our rules and FAQs you may be referring someone to an agency that they are not equipped to be at. We depend on you knowing our rules and your belief that the individual you are referring can live up to the expectations of our program. Also, our Potential Resident Application must be filled out by that individual. (Both documents are required to be completed).

This form can be completed by either the referring staff member from the agency where a potential resident is currently at or their outpatient provider. The Professional Referral form is <u>not</u> to be completed by the potential resident as they will be required to complete the separate Potential Resident Application. Once both forms have been completed, please email each of them to staff at intake@recoveryroadhomes.org.. A response should be sent within one business day. Then we can coordinate placement and intake time. If an individual is sent to our organization without receiving an approval confirmation from Recovery Road, they will may not be able to enter the home. Thank you for your understanding and cooperation.

Name:	
DOB:	Discharge date from agency:

- 1. Potential move in date to RR (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. Is there any medication(s) being recommended for this individual to start taking in the near future? If yes what medication?
- 5. What stage of change you believe they are in (precontemplation, contemplation, preparation, action, maintenance)?
- 6. Please provide feedback about their treatment stay both positive and negative.
- 7. Do they understand they will be providing their own bedding and food? (yes or no)
- 8. How will they be paying program fees? (Example: FAN scholarship, self-pay, funding from community mental health agency, etc.)
- 9. Please provide the name of whom you got approval for funding from and the name of that agency.
- 10. Are they aware they must be compliant with all the requirements of their funding source and RR in order to receive funding?
- 11. Please provide any mental health diagnoses and any information that may be helpful for us to know.
- 12. Have they resided at Recovery Road before?
- 13. Has potential resident thoroughly read over our rules and FAQs?
- 14. Do they have any specific questions in regards to rules or FAQs?
- 15. 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?
- 16. 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).