

## RECOVERY ROAD PROFESSIONAL REFERRAL FORM

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

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 so. [www.recoveryroadhomes.org](http://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: \_\_\_\_\_

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 do you believe they are in (precontemplation, contemplation, preparation, action, maintenance)?
6. Please provide feedback about their treatment stay both positive and potential barriers.
7. Do they understand they will be providing their own bedding and food? (yes or no)
8. 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)
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).
17. Does this individual understand we cannot accept anyone with CSC history due to residents being able to have their children spend the night from time to time?
18. Does this person understand that marijuana use both medically and recreationally is not and will not be accepted at Recovery Road