



# HOPE WORKS - CLIENT REFERRAL FORM

## REFERRAL INFORMATION

Referral Date:	Referring Agency/ Individual:
Phone:	Email:

## CLIENT INFORMATION

Full Name			
Date of Birth	Age	Social Security Number	
Gender	<input type="radio"/> Male <input type="radio"/> Female	Nationality	
Address			
City		State	
Zip Code		Country	
Phone		Email	

## JUSTICE INVOLVEMENT

Current Status (check all that apply):

Pre-trial  Probation  Parole  Recently Released

Other: \_\_\_\_\_

Justice System Contact (if applicable): \_\_\_\_\_

## SUBSTANCE USE DISORDER

Primary Substance(s) of Use: \_\_\_\_\_

Diagnosis (if known): \_\_\_\_\_

Date of Last Use: \_\_\_\_\_

Frequency: \_\_\_\_\_

## SERVICES REQUESTED (CHECK ALL THAT APPLY)

- |  |   |   |   |
|--|---|---|---|
| <input type="radio"/> Behavioral Health Screenings & Counseling      | <input type="radio"/> Medical Health Screenings | <input type="radio"/> Trauma and Addiction Recovery | <input type="radio"/> Housing Stabilization Support           |
| <input type="radio"/> Employment Readiness & Job Placement Referrals | <input type="radio"/> Peer Recovery Support     | <input type="radio"/> Family Reunification Support  | <input type="radio"/> Faith-Based Recovery Support (Optional) |

## ADDITIONAL NOTES

Notes \_\_\_\_\_