DISC VILLAGE

**CLIENT REFERRAL FORM**
**YOUTH SERVICES – SUBSTANCE ABUSE**

**Date:** _____

**Referral Source:** *(Name and Location)* _____

**Contact Information:** _____

## CLIENT INFORMATION:

**Name:** _____ **MIS #:** _____

**Date of Birth:** _____ **Age:** _____ **Race:** _____ **Gender:** ☐ Male ☐ Female

**Social Security Number:** _____ **Medicaid #:** _____

**Address:** _____ **City / State / Zip:** _____

**Phone:** _____ **Email:** _____

**School Location:** _____

**Parent/Legal Guardian:** _____

**Parent phone:** *(if different from above)* _____

**Was the parent notified that this referral was made?** ☐ YES ☐ NO

**Are you (client) pregnant?** ☐ YES ☐ NO

**Are you (client) using drugs intravenously (shooting)?** ☐ YES ☐ NO

**Have you (client) used drugs within the past 30 days?** ☐ YES ☐ NO

**What type of insurance do you (client) have?** _____

## Legal Information: *(if applicable)*

**Case Number:** _____

**Offense(s):** _____

**Co-Defendants:** _____

## Collateral Information: *please attach relevant information to this referral form and indicate below*

| | | |
|---|---|---|
| ☐ Legal Charges | ☐ Court Order | ☐ Psychiatric / Medical Information |
| ☐ Arrest Affidavit | ☐ Disposition Order | ☐ Expanded Facesheet |
| ☐ PACT | ☐ GAIN-Q | ☐ State Attorney Rec. (Non-Judicial) |
| ☐ Case Plan | ☐ Shelter Order | ☐ Other: _____ |

**Services Requested:** *(check all that apply)*

☐ Assessment / Recommendation ☐ Juvenile Drug Court

☐ Outpatient Counseling ☐ Other: _____

**County to be served:** ☐ Gadsden ☐ Leon ☐ Wakulla

**Additional Referral Comments:**

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**Please submit form to:**

Catherine.Bravo@discvillage.org
Roselaine.Pierre@discvillage.org

3333 West Pensacola St, Ste. 340
Tallahassee, FL, 32304
Phone: 850.575.4025
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**OFFICE USE ONLY:**

**Date received:** **Logged in Referral Tracking Log:** ☐ Yes ☐ No