



Referral Form

General Information

First Name Middle Name Last Name

Mailing Address Race/Ethnicity

City State Zip

County:

Location of Current Residence:

Details

Phone Number

Level of current supervision: Home confinement Probation Bond Other: _____

Probation officer name: _____

Sentencing judge: _____

Emergency Contact

Name Relation

Address

City State Zip

Phone Number

Driver's License/ID Information

Type ID#

Social Security Number Date of Birth

***Please attach a copy of your driver's license and Medicaid/Health Insurance Card.**



JRI Requirements

1. Do you have a current felony conviction for which you are being referred? (This must be your **current** charge).

- Yes No

Explain: _____

2. List previous legal charges of which you have been convicted:

3. List and describe any and all past convictions that are violent in nature:

Drug History

4. What is your primary drug of choice? Second? Third?

5. Describe history of use (first use, last use, amount/frequency, route of administration):

6. Describe your longest amount of clean time (incarcerated vs. unsupervised, age, length of time, medically assisted):

7. List and describe prior substance abuse treatment:

8. Personal clean date: _____



9. Are you currently experiencing any symptoms of withdrawal? Yes No

Medical History

10. Please list and describe any significant medical issues at this time:

11. Please list any current medications and list any medications that you have used/have had prescribed in the past 30 days:

Mental Health History

12. Have you ever been diagnosed with a mental health diagnosis? Yes No

Describe past and present symptoms pertaining to each reported diagnosis: _____

13. Have you ever received mental health treatment? Yes No

List and describe. (where, diagnosis, when, duration, prescriptions provided) _____

14. Have you ever experienced any thoughts, plans, or taken action to hurt yourself or someone else? Explain. Yes No

Commitment to Change

15. Please explain your motivation for treatment at this time:

16. What help do you believe you need at this point in your recovery?



17. Why are you interested in receiving treatment from Directions of the Southwestern Regional Day Report Center and the Recovery Group of Southern WV?

18. Are you committed to participating in a residential treatment program for 8 to 12 months? Explain.

Support

19. Please describe any form of support (mental, emotional, financial, spiritual) that you will have at this time and any support you believe you will have after completing the program.

Spirituality/Religious Preference

20. Do you agree to participate in a Christian based community? Yes No

21. Are you spiritual? Yes No

Explain:

22. Will a spiritual emphasis be seen as an obstacle? Yes No