***www.activerecoveryla.org***

**Client information:**

Name:

Location Preference:

Shreveport 318-946-8157

3821 Southern Ave.

Bossier 318-584-7133

1824 Benton Rd.

Address:

DOB:

SSN:

Insurance:

Phone Number:

Reason for referral (Please include current charges if any, relevant history, drug and alcohol history, and which program you suggest they enroll) this information is vital to determine which program/length of stay:

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Substance Abuse Assessment: 1 hour session w/ drug screen using ASI assessment tool

Substance Abuse IOP: 3 hour sessions, 3 days a week for 8 weeks w/random drug screens weekly

Substance Abuse SAO: 2 hour sessions, 1 day a week for 8 weeks w/random drug screens weekly

Parenting Classes: 2 hour sessions, 1 day a week for 10 weeks w/drug screens weekly

Anger Management classes: 2 hour sessions, 1 day a week for 10 weeks w/drug screens weekly

Batterer’s Intervention Program: 2 hour sessions, 1 day a week for 26 weeks w/drug screens weekly

Survivors of Domestic Violence: 2 hour sessions, 1 day a week for a minimum of 10 weeks w/ drug screens weekly

Random Testing Only Program: (Indicate frequency:  1 per month  2 per month  4 per month)

*Client will be contacted by our staff once this referral has been sent. Once they have enrolled and completed intake process, the referring agency will be notified.*

**Referring Agency Information:**

Name & Program:

Contact Phone number:

Email:

***Please fax or email forms to:***

*Shreveport Fax: 318-216-5868 Bossier Fax: 318-584-7135*

[*melissa@activerecoveryla.org*](file:///C:\Users\Laura\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\6213IJS4\melissa@activerecoveryla.org) *amanda2@activerecoveryla.org*