***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%3A%5CUsers%5CLaura%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C6213IJS4%5Cmelissa%40activerecoveryla.org) *amanda2@activerecoveryla.org*