

Active Recovery

3821 Southern Avenue, Shreveport LA 71106

www.activerecoveryla.org

Client information:

Name: _____

Address: _____

DOB: _____

SSN: _____

Insurance: _____

Phone Number: _____

Location Preference:

Shreveport 318-946-8157

3821 Southern Ave.

Bossier 318-584-7133

1824 Benton Rd.

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:

- 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
melissa@activerecoveryla.org

Bossier Fax: 318-584-7135
amanda2@activerecoveryla.org