**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:

|  |
| --- |
|  |
|  |

[ ]  Substance Abuse Assessment: 1 hour session w/ drug screen

[ ]  Substance Abuse Education: 2 hour sessions, 1 day a week for 10 weeks w/ drug screens weekly **(Must meet criteria)**

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

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

[ ]  Anger Management Education: 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, minimum of 1 day a week for 10 weeks w/ drug screens weekly

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

**\*Please note that some services vary by location.**

**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 *Kevin**@ActiveRecoveryLA.org*