**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

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*](mailto:bossier@activerecoveryla.org)