**Client information:**

Location Preference:

Shreveport 318-946-8157

3821 Southern Ave. 71106

Bossier 318-584-7133

1515 Doctors Dr. 71111

Minden 318-377-1072

421 Meadowview Dr. 71055

Name:

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 Minden Fax: 318-377-9283

*Melissa@ActiveRecoveryLA.org Debbie*[*@ActiveRecoveryLA.org*](mailto:@ActiveRecoveryLA.org) *Tammy@ActiveRecoveryLA.org*