

Active Recovery

Change Your Thinking, Change Your LIFE...

www.ActiveRecoveryLA.org

Date: _____
Client: _____
DOB: _____
SSN: _____
Insurance: _____
Phone #: _____

Location Preference:

- Shreveport 318-946-8157
3821 Southern Ave. 71106
- Bossier 318-584-7133
1505 Doctors Dr. 71111
- Minden 318-377-1072

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: Follow all recommendations Yes Not at this time
- Intensive Substance Abuse: 3 days/week, 8 weeks followed by 1 day/week for 10 weeks **(Must meet criteria)**
- Criminal Thinking Program: (PWID; Theft) 1 day/week for 10 weeks * **(Must meet criteria)**
- Parenting Education Program: 1 day/week for 10 weeks
- Anger Management Program: 1 day/week for 10 weeks * **(please refer to BIP for domestic violence issues)**
- Survivors of Domestic Violence Program: 1 day/ week for 10 weeks *
- Batterer's Intervention Program: 1 day/week for 26 weeks *
- First Offender DWI Class: First and Third Thursdays of the month only
- 1-hour Defensive Driving Course: course is on-line only, offered through DriveSafeLA.org
- Random Testing Only Program: (Indicate frequency: 1 per month 2 per month 4 per month)

Clients are required to maintain abstinence for all programs. Minimum weekly drug testing.

***Programs vary by location**

Referring Agency Information:

Name & Program: _____

Contact Phone number: _____

Email: _____

Please fax or email form to:

Shreveport Fax: 318-216-5868

Bossier Fax: 318-584-7135

Minden Fax: 318-377-9283

Shreveport@ActiveRecoveryLA.org

Bossier@ActiveRecoveryLA.org

Minden@ActiveRecoveryLA.org