Referral Date:

AOD TREATMENT & SLE REFERRAL

Referral Type:
☐ Level-I ☐ Level-II
☐ Level- III ☐ SLE

Client Name: _____ Client Phone Number: _____ M or F Date of Birth: _____

Parole/Probation Officer: _____ Phone: _____

Referring Case Manager: _____ *Phone:* _____

Proof of Enrollment and Completion
☐ Required ☐ NOT Required

Referring Unit: ☐Service Connect ☐ Correctional Health

REFERRAL TYPE: ☐ AB109/LOCAL ☐ AB109/STATE ☐ UNIFIED REENTRY ☐ OTHER: _____
Client must CONTACT or ENROLL by: _____
(circle one)

REFERRED TO:

☐ Asian American Recovery Services/HR360
☐ Free at Last
☐ Our Common Ground
☐ Sitike Counseling Center
☐ BAART Programs
☐ HR360- San Mateo
☐ Palm Avenue Detox
☐ StarVista-Archway/1st Chance/WEC
☐ Bridges
☐ Hope House
☐ Project 90
☐ El Centro de Libertad
☐ The Latino Commission
☐ Pyramid
☐ WRA/HR360
☐
OTHER_____

Other identified treatment needs (**circle**): EDUCATIONAL, EMPLOYMENT, HOUSING, LEGAL, FAMILY, MEDICAL, MENTAL HEALTH, OTHER_____

☐CONSENT TO RELEASE ATTACHED ☐HEALTH COVERAGE: _____

☐ COMPLETED SAWS 1 APP DATE SUBMITTED: _____ APPLIED FOR: ☐ CalFresh ☐ Cash AID ☐ Health Insurance

PROOF OF ENROLLMENT
I declare under penalty of perjury the foregoing is true and correct.

☐ Client made contact on: _____ ☐Expected enrollment date: _____

☐ Defendant enrolled in the Drug Treatment Program on: _____ ☐ Defendant did not enroll: _____

_____ _____ _____
Program staff name (please print) signature date

PROOF OF COMPLETION *EXIT DATE:* _____

#_____Negative UA results
#_____Positive UA results

I declare under penalty of perjury the foregoing is true and correct.
☐ Defendant completed the Drug Treatment Program on _____.
☐ Defendant referred/transferred to _____ Drug Treatment Program.
☐ Defendant did not complete the Drug Treatment Program. Please provide summary of non-completion and UA results:_____

_____

_____

_____ _____ _____
Program staff name (please print) signature date

RETURN FORM TO: 1) Supervising Officer SMC PROBATION (650)363-4829 2) Service Connect: (650) 598-2860
SMC PAROLE (650) 367-1520 Correctional Health fax: (650) 363-4379

revised 8/1/16