

# Riverside Community Care®

Leading the Way in Behavioral Healthcare & Human Services

## Connect2Recovery (C2R) NC-8 Recovery Coach Referral Form

Email: [NC-8@riversidecc.org](mailto:NC-8@riversidecc.org)

To evaluate your referral for C2R services, please **complete this form in full** and email to [NC-8@riversidecc.org](mailto:NC-8@riversidecc.org). Please include a signed release if available. Once the information is received, program management will review within 48 business hours.

Referral Date: \_\_\_\_\_

Referral Source Name, Agency, Ph#: \_\_\_\_\_

### Personal Information:

Full Name:		SSN:	DOB:	Gender:
Mailing Address: <input type="checkbox"/> Check if homeless		Town/City:	State:	Zip:
Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell	Emergency Contact Name & Relation:		Emergency Contact Phone:	
Race:	Ethnicity:		Marital Status:	
Insurance Plan Name and ID#				

What **Substance(s)** are you seeking Recovery Coach support for?

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Providers: Please include Medical, Psychiatric, Legal, Natural Supports, Other

Agency	Role	Contact Name	Contact Telephone # (s)

**Referral Information:****Why does the person want Recovery Coach services, and what are they hoping to gain?****Does the person have any current or past recovery time? Please describe.****Please describe any current or past legal concerns. (Has there been any criminal justice involvement within the past year)****GOALS***Please check all that apply. Include additional goals if needed.*☐ **Substance Use**

- ☐ Recovery supports or 12-step
- ☐ Therapy/counseling
- ☐ IOP/SOAP/day structure
- ☐ MAT (e.g., methadone, suboxone)
- ☐ Other: \_\_\_\_\_

☐ **Mental Health**

- ☐ Therapy/counseling
- ☐ Psychiatrist/medication
- ☐ DMH referral
- ☐ Partial/day treatment:
- ☐ Other: \_\_\_\_\_

☐ **Medical**

- ☐ Primary Care
- ☐ Specialists
- ☐ Dental
- ☐ Other: \_\_\_\_\_

☐ **Housing**

- ☐ Public housing applications
- ☐ Sober/recovery housing
- ☐ Shelter/safe housing
- ☐ Other: \_\_\_\_\_

☐ **Financial**

- ☐ SNAP/EAEDC/TAFDC
- ☐ SSI/SSDI
- ☐ Employment/Career Center
- ☐ Mass Rehab
- ☐ Other: \_\_\_\_\_

☐ Legal issues

- ☐ Needs day structure
- ☐ Lacks social/sober supports
- ☐ Lacks transportation to essential medical and behavioral health appointments
- ☐ Temporary assistance with transportation

**Is there a history of violence or safety concerns?** ☐ Yes ☐ No If yes,

Violent to:	Most recent date:	Information:
<input type="checkbox"/> Self		
<input type="checkbox"/> Others		

Questions may be directed to Dan Foley via email, [NC-8@riversidecc.org](mailto:NC-8@riversidecc.org)