

**Lehigh Valley Drug and Alcohol Intake Unit**

548 N. New St., 1<sup>st</sup> Floor, Bethlehem, PA 18018

Phone: 610-849-2406 Fax: 610-419-6061

**Recovery Support Services Referral Forms**

Name of Client: \_\_\_\_\_ Date: \_\_\_\_\_ File# \_\_\_\_\_  
(Intake Unit Staff ONLY)

Address \_\_\_\_\_ Phone Number: (Home) \_\_\_\_\_  
\_\_\_\_\_  
(Other) \_\_\_\_\_

\*Mark here if homeless

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact Person and Relation: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Referral Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does Client have a Mental Health Intensive Case Manager?  Yes  No  
Name of Case Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Level of Care or Level of Care being recommended (OR Current Level Care) :

1A 1B 2A 2B 3A 3B 3C 4A 4B

Other: \_\_\_\_\_

Agency Providing These Services: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Recover Support Services Domains	Based on the information provided during the assessment, including client and clinician perceptions; is the client in need of assistance in the following areas? <i>(Check all that apply)</i>
EDUCATION / VOCATION	
EMPLOYMENT	
PHYSICAL HEALTH	
DRUG AND ALCOHOL	
EMOTIONAL / MENTAL HEALTH	
SOCIAL	
LIVING ARRANGEMENTS / HOUSING	
LEGAL STATUS	
BASIC NEEDS (food, clothing, utilities)	
RECOVERY SUPPORTS	
PARENTING	
TRANSPORTATION	
SAFETY	
SPIRITUALITY/OPTIMISM	
FAMILY (PRIMARY PARTNERSHIP)	
ACCESS TO SERVICES	
HEALTH INSURANCE	

Domains identified: ___/17	Referred for Recovery Support Services: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Referral Accepted by Client: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Willingness to work collaboratively toward a goal of recovery <input type="checkbox"/> Yes <input type="checkbox"/> No

Client's Behavior Health Insurance Carrier:

Magellan – Lehigh County  Magellan – Northampton County  Northampton County Funded

Other: \_\_\_\_\_