



ACHIEVE
RECOVERY HOMES

Referral Sheet

Name: _____

Referring case manager / counselor _____

Current Address, City, Street, Zip Code

Cell Phone Number _____

Home Phone Number _____

D.O.B. _____

Driver's License Number _____

Social Security Number _____

Marital Status: Single Married Separated Divorced

Have you ever been arrested for any Sexual Offense? Yes No

Were you convicted of any Sexual Offense? Yes No

Are you a registered Sex Offender? Yes No

Have you ever been arrested for any reason? Yes No

If so, please briefly explain

Do you have any outstanding warrants? Yes No

Do you have any pending court cases? Yes No

Are you out on bail? Yes No

Are you on probation? Yes No

Are you on parole? Yes No

Name of parole / probation officer : _____

Have you been tested for AIDS/HIV? Yes No

Results: Positive Negative Date of last test: _____

Have you been tested for Hepatitis C? Yes No

Results: Positive Negative Date of last test: _____

Are you currently being treated for any illness? Yes No

If yes, please briefly explain

Are you currently taking any medications prescribed by an MD? Yes No

****This includes any medication assisted treatment****

Name, strength, and dosage of medications:

1. _____

2. _____

3. _____

4. _____

Are you currently using medical marijuana? Yes No

Are you currently using steroids? Yes No

Are you diabetic? Yes No

What is your drug of choice? _____

When is the last time you used alcohol or any other drugs? _____

Is this your first sober living experience? Yes No

If no, please explain why you left, and when:

Are you currently employed? Yes No

If yes, where at? _____

Approximately how much do you make per month? _____

Do you have any dependents? Yes No

If yes, how many? _____

Do you pay child support? Yes No

If yes, how much per month? _____

Who will be paying your rent? Myself Family Member Other

If other than yourself -

Name : _____

Number : _____

Will you need assistance paying monthly rent? Yes No

Are you currently enrolled in a Department of Human Services program? Yes No

Are you currently enrolled in a Public Assistance Program? Yes No

Are you currently enrolled in a Behavioral Health Division substance use disorder or community program? Yes No

Is your household income below the 200% Federal Poverty Guidelines? Yes No

Have you participated in the RHAP program within the last 365 days? Yes No

In case of emergency contact:

Name _____

Relationship _____

Address _____

City, State, Zip _____

Phone(s) _____

Guest Signature _____

Date _____

Manager Signature _____

Date _____