

Riverside Community Care®

Leading the Way in Behavioral Healthcare & Human Services

Connect2Recovery (C2R) Referral Form

Phone: 781-234-1650 Fax: 781-234-1647 Email: Connect2Recovery@riversidecc.org

Service Requested:

- ☐ Community Support Program (CSP)
☐ Community Support Program – Justice Involved (CSP-JI)
☐ Recovery Coach (RC)
☐ Recovery Support Navigator (RSN)
☐ RC & RSN

To evaluate your referral to C2R services, please complete this form in full and email to Connect2Recovery@riversidecc.org or fax to 781-234-1647. Please include a signed release if available. Once the information is received, program management will review within 48 business hours.

Current Client of Riverside? ☐ Yes ☐ No

If yes, indicate which program(s) & location(s): _____

Referral Date:

Referral Source Name, Contact# & Agency:

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		Secondary Contact:	Secondary Contact Number:	
Emergency Contact Name:		Emergency Contact Relationship:	Emergency Contact Phone:	
Race:		Ethnicity:	Marital Status:	
Insurance: *Medicaid Only, besides Optum for Recovery Coaches* <input type="checkbox"/> MBHP <input type="checkbox"/> Caredon/Fallon <input type="checkbox"/> Caredon/Wellsense <input type="checkbox"/> Tufts Public <input type="checkbox"/> Commonwealth Care Alliance <input type="checkbox"/> Mass General Brigham <input type="checkbox"/> Optum Private (RC ONLY)			Member ID:	
Person is aware of C2R referral and would like services? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:				

Diagnoses (Must include at least 1 Substance Use Disorder for RC and/or RSN services):

Diagnosis	ID-10 Code (F-Code)	Comments

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

Agency	Role	Contact Name	Contact Telephone # (s)

Referral Information:

Why does the person want C2R services, and what are they hoping to gain?

What is the person's current housing situation?

Does the person have any family supports, social supports, or recovery supports? Please describe.

Please list any hospitalizations in the past year including medical, detox, psychiatric admissions, and ED visits:

Does the person have any current or past recovery time? Please describe.

Please describe any current or past legal concerns. (CSP-JI must have Justice involvement within the past 12 months)

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 Alan Meister, LADC1 by emailing Connect2Recovery@riversidecc.org.