

# 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](mailto: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](mailto: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"/> Carelon/Fallon <input type="checkbox"/> Carelon/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:**

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

<b>What is the person's current housing situation?</b>

<b>Does the person have any family supports, social supports, or recovery supports? Please describe.</b>

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

<b>Does the person have any current or past recovery time? Please describe.</b>

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

**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,

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

Questions may be directed to Alan Meister, LADC1 by emailing [Connect2Recovery@riversidecc.org](mailto:Connect2Recovery@riversidecc.org).