



# Universal Referral Form

## Lighthouse Recovery Community Center & Horizons



### Referral Source Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(of person taking/writing referral)

Organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

How did consumer hear about Lighthouse/Horizons:  
(if other than person/organization named above): \_\_\_\_\_

### Consumer/Service Recipient Information

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (optional):  F  M  Other  Would rather not disclose

Secondary form of contact: \_\_\_\_\_

Has the recipient:

1) survived an opioid or stimulant overdose within the last 6 months?  Y  N  unknown

2) been arrested or incarcerated for a drug related offense within the last 6 months?  Y  N  unknown

3) been diagnosed with an opioid or stimulant use disorder?  Y  N  unknown

Current drug of choice? \_\_\_\_\_

### Service Requested

(choose all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Peer Support                                | <input type="checkbox"/> Employments Related Skills Training      |
| <input type="checkbox"/> Individual Skill Dvelopment and Enhancement | <input type="checkbox"/> Medication Assisted Treatment (Vivitrol) |
| <input type="checkbox"/> Individual and/or Family Psychoeducation    | <input type="checkbox"/> Family Recovery Support and Education    |
| <input type="checkbox"/> Wellness Management and Recovery            | <input type="checkbox"/> Community Service                        |
|  | <input type="checkbox"/> Recovery Housing                         |

**\*Please note any requests for specific provider(s):** \_\_\_\_\_

Case/Coach Number: \_\_\_\_\_ Program: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Has there been a primary or co-occurring opioid use disorder in recipient's history?  Y  N

Service Facilitator/Social Worker Name: \_\_\_\_\_

The following materials have been provided with this referral:

CCS Service Authorization  CCS ISP  CCS Assessment  Grant Intake Form

*\*PLEASE SEND TO: [info@lighthousecc.org](mailto:info@lighthousecc.org) with subject line "REFERRAL" Phone: 920-374-4433*