



Southcentral Foundation

Dena A Coy

4130 San Ernesto Avenue ♦ Anchorage ♦ Alaska ♦ 99508

(907) 729-5070 (voice) ♦ (907) 729-6316 (confidential fax) ♦ (800) 478-3343 (toll free voice)

Email: SCFDACIntakeOffice@SouthcentralFoundation.com

REFERRAL FOR ADMISSION

Applicant Name: _____ **Date of birth:** _____ **Age:** _____

Alaska Native/Native American: No Yes **Native corp. or tribal enrollment:** _____

Residence Address (street/city/state/zip): _____

Mail address (if different from residence): _____

Describe applicants motivation to commit to treatment:

- motivated (understands he needs help & willing to do what it takes to get it)
- ambivalent (acknowledges others see s/he has problem, but not fully prepared to deal with it or accepting treatment only with strong external pressure)
- denial (unwilling to accept that s/he has problem in spite of evidence to the contrary)
- resistant (denies problem, actively refusing or fighting efforts to provide help)

Describe the main problem(s) for which the applicant is being referred. _____

What does the applicant describe as the main problem(s)? _____

Has applicant ever been referred/received substance abuse/dependence treatment? No Yes **If YES, briefly describe, when, where, and the outcome** _____

Has there been a Substance Use Assessment in the last 6 months? No Yes, where? _____

Is the Assesment attached to this referral? No Yes

Has applicant ever been referred/received mental health treatment? No Yes **If YES, briefly describe when, where, and the outcome** _____

Is applicant receiving mental health treatment now? NO / YES **If YES, provider** _____

Referral Completed by: _____ **Relationship to applicant:** _____

Referrer contact information (phone # / email address): _____

Referral Agent Signature: _____ **Date:** _____