



Southcentral Foundation

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**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:** \_\_\_\_\_