



**Street Haven Addiction Services**  
**Referral Form**

Date: \_\_\_\_\_

Staff: \_\_\_\_\_

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

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone: \_\_\_\_\_

Safe to leave message? YES / NO \_\_\_\_\_

E-mail Address (if available/confidential): \_\_\_\_\_

Address/General Area: \_\_\_\_\_

Needs/ Concerns (check all that apply – brief description in area provided if available)

- ☐ Addiction - Substance(s) \_\_\_\_\_
- |   |  |
|---|--|
| <input type="checkbox"/> CAS/CCAS/NCFS: _____   | <input type="checkbox"/> Physical Health: _____    |
| <input type="checkbox"/> Family: _____          | <input type="checkbox"/> Relapse Prevention: _____ |
| <input type="checkbox"/> Financial: _____       | <input type="checkbox"/> Relationships: _____      |
| <input type="checkbox"/> Housing: _____         | <input type="checkbox"/> Safety: _____             |
| <input type="checkbox"/> Immigration: _____     | <input type="checkbox"/> Social Isolation: _____   |
| <input type="checkbox"/> Legal: _____           | <input type="checkbox"/> Suicidal Ideation: _____  |
| <input type="checkbox"/> Mental Health: _____   | <input type="checkbox"/> Trauma: _____             |
| <input type="checkbox"/> Other - specify: _____ |  |

Current Supports (family, friends, workers, etc. – include contact info if available):

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Notes (Other pertinent information):

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