BLAIR DRUG AND ALCOHOL PARTNERSHIPS DRUG AND ALCOHOL RC/ICM CASE MANAGEMENT REFERRAL FORM

RC/ICM services assist eligible persons in gaining access to the non-treatment resources that they need. RC/ICM services are provided to eligible individuals at no cost. Refusal to participate **will not** jeopardize your drug and alcohol treatment.

If you are interested, a case manager will contact you to set up an initial meeting. If you are in partial, intensive outpatient or outpatient, the contact will occur within seven days. If you are discharged from a detox or inpatient facility, the contact will occur within five days.

____ I am willing to meet with the case manager ____ I am not interested in this service at this time

_____ _____

Individual: Signature / DATE WITNESS: Please Print Name / DATE

Person/Agency making referral: _____

Client Name: _____ D.O.B: _____

Address: _____ Age: _____

_____ MA ID#: _____

Phone: _____ SS#: _____

Other Involved Agencies: _____

Is the client currently pregnant?	Yes ☐ No ☐
Does the client have children in their custody?	Yes ☐ No ☐
Is the client an IDU?	Yes ☐ No ☐
Is the client a survivor of overdose? If yes, date of overdose:	Yes ☐ No ☐
Is client currently incarcerated? If yes, scheduled release date:	Yes ☐ No ☐
Is client currently in an inpatient facility (drug and alcohol or mental health)? If yes, scheduled date of discharge:	Yes ☐ No ☐
Is the client a veteran?	Yes ☐ No ☐

Diagnosis

Axis I: _____ **Axis II:** _____

Additional Comments: _____

_____

Office Use Only:

Date Assigned: _____ Case Manager: _____

Date Opened: _____