



## Evergreen Living – Referral Partner Submission Form

### Referral Partner Information

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

Referral Partner Name: \_\_\_\_\_

Title/Role: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Best Method of Contact:

Phone  Email  Text

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### Client Information

Full Name:

Date of Birth:

Phone Number (if applicable):

Current Location:

In Treatment Facility  Incarcerated (release date: \_\_\_\_\_)  Shelter

Unstable Housing  Other: \_\_\_\_\_

## Referral Details

Reason for Referral: \_\_\_\_\_

Desired Move-In Date: \_\_\_\_\_

Length of Stay Expected: \_\_\_\_\_

Is the client currently employed?     Yes    No    Seeking employment

Monthly Income / Funding Source:    Self-pay    Family Support    State Assistance

Probation/Parole    Other: \_\_\_\_\_

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## Clinical / Program Background

Primary Program Type:    Recovery / Substance Use    Re-entry    Transitional Support    Other: \_\_\_\_\_

Is the client currently in treatment?    Yes    No

Any recent substance use? (last 30 days)    Yes    No    Unknown

Is the client open to a structured, accountability-based environment?     Yes    No

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## Behavioral / Risk Considerations

History of violence?    Yes    No    Unknown

Any active legal issues?     Yes    No

Registered sex offender?     Yes    No

Any behaviors we should be aware of?

## Logistics

Transportation available upon discharge?

Yes  No

Medications?  Yes (self-managed)  Yes (needs support)  No

Emergency Contact Name + Phone: \_\_\_\_\_

## Documents (Upload or Email)

ID  Insurance (if applicable)  Discharge paperwork  Court/probation documentation

Other: \_\_\_\_\_

## Referral Partner Acknowledgment

- I confirm the information provided is accurate to the best of my knowledge
- I understand Evergreen Living is a non-clinical, structured housing program

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

Signature: \_\_\_\_\_

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

