



# Support & Recovery Services Referral Form

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

Person making referral: \_\_\_\_\_

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

Name of person needing services: \_\_\_\_\_

DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

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

Mainecare: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Reason for Referral/Current Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your patient/client have mental health concerns?

Are they struggling with homelessness, unemployment, lack of transportation, obtaining medications or medical treatment, or meeting basic needs?

Our program offers Assertive Community Treatment (ACT), and Behavioral Health Home (BHH) Services.

If you feel your patient/client would benefit from any of these services, complete the referral information above and fax to our intake office at 871-7457. Or call us 8:30am – 4:30pm Monday thru Friday at 871-7431.