



# RESIDENTIAL TREATMENT PROGRAM REFERRAL

REFER TO:	
	<b>The Dads Program</b> Medford, OR
	<b>The HOME Program</b> Medford, OR
	<b>Mountain View Recovery Center</b> Hugo, OR

REFERRED BY:	
<b>Name</b>	
<b>Agency:</b>	
<b>Phone Number:</b>	

Full Legal Name of Person Being Referred: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birth Sex:  F  M Primary Language: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Is it okay to leave a voice message at any of these numbers? \_\_\_\_\_

Current Living Situation: \_\_\_\_\_

County of Residence:  Jackson  Josephine  Other: \_\_\_\_\_

Primary Health Insurance: \_\_\_\_\_ Medicaid/OHP ID#: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
City State Zip Code

Substances used: \_\_\_\_\_

Last day of use: \_\_\_\_\_ IV User?  Yes  No

Has this person ever been tested for TB, HIV, or Hep C? If yes, what were the results? \_\_\_\_\_

Pregnant?  No  Yes → How far along? \_\_\_\_\_

Current medications: \_\_\_\_\_

Any medical conditions or needs: \_\_\_\_\_

Is this person currently engaged in treatment? \_\_\_\_\_

Treatment history: \_\_\_\_\_

Mental health needs: \_\_\_\_\_



# Residential Program Referral Information Form

Please provide information on the individuals currently involved in this person's care.	
Current Treatment Provider:	
DHS Caseworker:	
Parole/Probation Officer:	

<b>For individuals referred to The Dads or HOME Program</b>	
Age of child(ren):	
Child(ren)'s legal guardian(s):	
Will the child(ren) live at the treatment facility with their parent?	

**A recent Alcohol & Drug Assessment is required in order to process this referral. Please indicate below how the assessment is being provided.**

- Assessment is included with this form.
- Assessment is scheduled on (date): \_\_\_\_\_ with (provider): \_\_\_\_\_
- Please request assessment from\*: \_\_\_\_\_

*\*Please include a signed Release of Information.*

**Additional Information:**

**Fax completed referral to:** OnTrack Rogue Valley Access Dept, 855-904-3726  
 Or hand-deliver this form to any of our treatment locations.

For more information, you can reach our Access Department at:  
 Phone: 541-200-2403 • E-mail: [access@ontrackroguevalley.org](mailto:access@ontrackroguevalley.org)\*  
*\*Please do not E-mail protected health information.*

<b><u>This part completed by OnTrack</u></b>
<b>Date referral received on:</b>