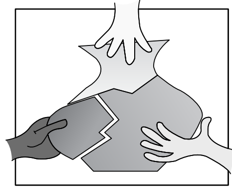

The POTTER'S HOUSE
Substance Abuse Center

"Rebuilding shattered lives physically, spiritually and emotionally"

REFERRAL FORM

Please print and completely fill out the form below, then fax, mail, or scan and email form back to agency. (one form per client)

Program/Officer: ______________________ **Location:** ______________________

Referring Agency Name: ____

Contact Person: ______________________ **Phone:** ______________________

Fax: ____________________ **Date of Referral:** ______________________

CLIENT INFORMATION:

Client Name: ______________________ **Client DOB:** ______________________

Client Contact Number: ______________________ **CASE #:** ______________________

Self Pay: ☐ YES ☐ NO

AHCCCS ID#: ______________________

PARTICIPATION INFORMATION: (Check all that apply.)

- ☐ Substance Abuse Groups
- ☐ Individual Counseling Sessions
- ☐ DES/CPS Services
- ☐ Intensive Outpatient
- ☐ Anger Management Groups
- ☐ Parenting Skills Groups
- ☐ Relapse Prevention
- ☐ Community Service/Restitution
- ☐ Prevention & Outreach Services
- ☐ Domestic Violence Group
- ☐ MVD Revocation Packets for Reinstatement of Drivers License
- ☐ DUI Screenings for Reinstatement of Driver License

Additional Comments: ____

____

____

Staff Signature: ______________________ **Date:** ______________________

1717 W Northern Ave Suite 101 Phoenix, AZ 85021
Phone: (602) 254-9701 Fax#: (602) 252-0830
Email: thepottershousesacenter@outlook.com