

# The Recovery Center of Cameron County

## Referral & Request for Services

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

Staff: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ Years at address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_

SS#: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Working:  Yes  No (if yes need current pay stub)

Proof of Income:  Self  Spouse

Proof of Residency:

Picture ID  Utility Bill

Medicaid:  Yes  No Insurance:  Yes  No

Birth City: \_\_\_\_\_ U. S. Citizen:  Yes  No

Ethnicity:  White  Black  Hispanic  Asian  Other

Veteran:  Yes  No Religion: \_\_\_\_\_

Gender:  Male  Female Pregnant:  Yes  No  N/A

Bilingual  English Only  Spanish Only Mother's first name: \_\_\_\_\_

Permanent Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for the referral (charge): \_\_\_\_\_

Legal Charges Past & Present: \_\_\_\_\_

IV User:  Yes  No  Unknown

Number of Dirty UA's \_\_\_\_\_ Dates of dirty UA's: \_\_\_\_\_

Referred by: \_\_\_\_\_

Agency: \_\_\_\_\_

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

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