



Catholic Social Services of Washtenaw County
Behavioral Health Services & Substance Abuse Services
4925 Packard Road
Ann Arbor, Michigan 48108-1521
Phone: 734.926.0159 Fax: 734.926.0161

REFERRAL FORM

1. Referral Information:

Date:	MDOC #:	
Full Name:		
Date of Birth:		
Street Address:	City:	Zip Code:
Home Phone:	Other Phone:	

2. Referral Source:

Court Case Number:		Sentencing Date:
Name Of Referring Individual:		
Address:		
Phone:		
Pertinent Case Information:		

3. Referred To:

- Behavioral Health Services**
 Substance Abuse Services

4. Release Authorization (to be signed by the person being referred):

In signing this release I understand that I give permission for all parties listed on this form, designee, records department, successors, assigns and any personnel necessary to the performance of the duties of the individual and/or agency, to release information in my records. The purpose of this disclosure is to assist this agency and/or persons in arriving at an equitable and appropriate disposition of my case. This authorization will remain in effect until 90 days following my discharge from services at CSSW. This consent is subject to revocation at any time except to the extent that the program, which is to make the disclosure, has already taken action in reliance on it.

Service Participant Signature

_____/_____/_____
Date

Witness Signature

_____/_____/_____
Date