



COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT
 Kathleen Torella, Director

Spokane County Counseling and Recovery Services (CAREs)
 Telephone: 509-447-4388 / Secure Fax: 509-477-3615

Supportive Living Program (SLP) / Housing and Recovery Through Peer Services (HARPS)

REFERRAL FORM

Individual's Full Legal Name: _____ **Date of Birth:** _____

Social Security Number: _____

Any psychiatric inpatient, crisis stabilization, or substance use disorder withdrawal management or residential treatment facility in the last 365 days? No Yes – Name of Facility: _____ LRA: _____
 No Yes – (Expiration Date) or Voluntary

Payee (if applicable): _____ **Phone Number:** _____

Are you enrolled in services with another behavioral health agency? ? No Yes –
Outpatient Provider Agency: CC CHSW FBH LCS YFA SPARC STARS
 Passages NATIVE Project ABHS Adept RRC NHCC Partners SRHD PHS
 Sunshine

Clinician Name: _____ **Phone Number:** _____ **Email:** _____
Diagnoses: _____

Behavior History (all boxes must be marked)

	Yes	No	Unknown		Yes	No	Unknown
Gambling							
Assault without weapon				Fire Setting			
Assault with weapon				Unsafe Fire Practices			
Threatens physical harm				Currently Uses Tobacco?			
Property Damage				Sex Offender			
Substance Use				HX of suicide attempt/gesture			
Other History:							

If yes, please explain or attach documentation when referred from another behavioral health agency/provider (i.e. Psychiatric Assessment or Psychosocial Assessment):

Medical Provider Name (PCP): _____ **Phone Number:** _____

Nursing or Medical Issues (Please list medical conditions that require medication or special care by staff and attach Medical History and Physical Assessment when referred from another behavioral health agency/provider):



All are required for SLP/HARPS Services:

- Minimal risk of danger to self, others or property
- Program criteria met: The individual must:
 - Be 18 years or older
 - Have a behavioral health diagnosis
 - Have the ability to be alone for days without supervision
 - Possess basic safety skills (call 911, safe with stove/hot water, etc.)
 - Not be in imminent danger or harming self, others, or property.
 - SLP will provide independent living skills training tailored to the client's needs and requests.
- SLP and HARPS are voluntary programs and an individual's participation is critical to the success towards his/her goals. Please indicate that this is understood and the individual agrees to participate in the program by checking the box.

Individual's Electronic Signature:

Date:

Clinician's Electronic Signature:

Date:

*****For Referrals from a Behavioral Health Agency*****

Attachments To Accompany This Referral:

- SLP or HARPS Provider Agreement
- ROI between your agency and the CARES SLP or HARPS Program
- Intake Assessment
- Treatment Plan
- Crisis Plan/Risk Assessment
 - Individual does not require a crisis plan
- Medical Documents
- Other Psychiatric/Mental Health Assessments

All attachments must be included for a qualified referral. Incomplete referrals delay the process and could be returned or denied.