

## Monarch Recovery Services' Referral Form

**DATE:** \_\_\_\_\_

**IMPORTANT:** This referral form is optional; it is **NOT** required to begin services. To schedule an assessment appointment, please contact the Intake Coordinator by the following methods listed below.

**Please Note:** Sending a referral on behalf of a participant is **NOT** implied consent to disclose any information. A written consent must be signed in order to share information with the referring agency.

- Ensure that all information is filled out correctly. No messages will be left at any contact information provided unless consent is clearly checked off on this form.

**Phone : 705-674-4193**

Extension #**3224** (Men's Programming) Extension #**2225** (Women's Programming)

**Fax : 705-671-8069** (Men's Programming) **705-674-8002** (Women's Programming)

**Email:** intake@srmonarchrs.com

Referring Agency (if applicable)	
Name of Agency	
Worker Name	
Worker Phone Number and Email	

Personal Information	
Participant's Name	
Date of Birth: dd/mm/yyyy	
Phone Number(s)	
Consent given?	Consent to call the phone number provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Can we leave a voicemail? Yes <input type="checkbox"/> No <input type="checkbox"/>
Email Address	
Consent given?	Consent to e-mail the e-mail address provided? Yes <input type="checkbox"/> No <input type="checkbox"/>
Program(s) of Interest	Women's Treatment <input type="checkbox"/> Men's Recovery Home <input type="checkbox"/> Men's Day Treatment Program <input type="checkbox"/> Women's Aftercare <input type="checkbox"/> Pregnancy/Parenting Outreach Program (PPOP) <input type="checkbox"/> Multi Functional Bed Program <input type="checkbox"/>