

# CLIENT REFERRAL FORM

Client Name:

Phone #:

Case Manager:

Offense:

Client Issues with:  Vision  Hearing  Reading/Writing

Complete By:

Health Issues:

The above client is being referred to 1st Step Referral Services for the following service/programming:  
 "No Show" fees apply to all scheduled services.

- Substance Abuse Evaluation \$75 / \$115
- IMPACT Education:
  - MIP  DUI  AOD
  - Level-1 4-Hours \$75
  - Level-2 8-Hours \$145
  - Level-3 12-Hours \$210
  - Level-4 13+ Hours \$275+
- Outpatient Treatment (Group) Call
- Drug Screening - 5 Panel \$20

**\*Referring Agent:** Please give the participant a Class Calendar with Reminders & Map and a BTC Brochure with policies and fee schedule for review.

**\*Participant:** Call 485-6161 to confirm your seat.

START DATE:

Check all that apply:

TIME:

4:45 PM

- BTC-1 (1st 3 Sessions)
- BTC-2 (BTC-1 + 4 Sessions)
- BTC-3 (BTC-2 + Follow Up & Review)

CASE  
MANAGER  
COMMENTS:

**ALL BTC CLASSES ARE HELD @ COMMUNITY CORRECTIONS.**  
 YOU MUST ARRIVE 15 MIN EARLY FOR 1<sup>ST</sup> SESSION TO  
 COMPLETE REGISTRATION.

## AUTHORIZATION FOR RELEASE OF CLIENT INFORMATION

I, \_\_\_\_\_ hereby authorize 1<sup>st</sup> Step Referral Services, its Program Director or designee, to release/exchange information contained in my client records with \_\_\_\_\_ and under the conditions listed below.

1. **Specific type of information to be released:** Attendance/Enrollment/Participation, Drug Screen Results, Drug/Alcohol History, Criminal Arrest History, Recommendations, Substance Abuse Evaluation.
2. **The purpose and need for such disclosure:** Evaluation, Coordination of Services/Planning, Documentation, Follow Up
3. **This consent can be revoked at any time by verbal or written notice to 1st Step Referral Services.**
4. **Without expressed revocation, this consent expires 1 year, or sooner, for any of the following specified reasons:**

Date: \_\_\_\_\_ Event: \_\_\_\_\_ Condition: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

- I have a signed copy of this Referral Form on file.  There is no signed copy of this Referral Form on file.

## 1<sup>st</sup> Step Referral Services

110 Pearl Street  
 Ypsilanti, MI 48197  
 (1 block North of Michigan Ave @ Huron Street)

1st-step.com

Phone: 734-485-6161

Fax to: 734-485-6171