

Steppingstone Incorporated

Recovery Coach - Referral Form

Participants must possess a substance use or co-occurring disorder

Date: _____

A Recovery Coach promotes recovery by helping remove barriers and obstacles to recovery and serves as a personal guide and mentor for people seeking or already in recovery.

Referral Source (Self-referral if not agency): _____

How did hear about us? _____

Have you received Recovery Coaching Services elsewhere within the last 30 days? Yes No

Full Name - First: _____ Middle Initial: _____ Last: _____

Race (Can Select Multiple): White: Black/African American: Asian: American Indian:

Alaska Native: Native Hawaiian/Other Pacific Islander Other: _____

Ethnicity: Hispanic or Latino: Not Hispanic or Latino: **Portuguese Ancestry:** Yes No

Gender: Male: Female: Transgender: M to F: F to M: Other: _____

Sexual Orientation: Heterosexual: Lesbian: Gay: Bisexual: Other: _____

Social Security #: _____ **Date of Birth:** _____

Street Address: _____ **Apartment:** _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #: _____ **Email Address:** _____

Preferred Language: _____ **Veteran Status:** Served in the military: Yes No

Substance of Choice: _____

MH Diagnosis: _____

Have you ever utilized Medicated Supported Recovery? (Example: Methadone, Suboxone, Vivitrol)

Yes (Currently) Yes (Previously) No **If Yes, what type?** _____

Do you have health insurance? Yes No **If yes who is your provider?** _____

Referral can be faxed to: Fall River - (774) 357-5451 or New Bedford - (774) 206-1622