

WOMEN'S SPECIALTY PROGRAM
Housed Gilmore Community Healing Center
1910 Shaffer Road, Kalamazoo, MI 49048
Kaye Sanders
Women's Specialty Program Coordinator
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REFERRAL CHECKLIST

***ELIGIBILITY FOR SERVICES: SUBSTANCE USING
WOMEN WHO ARE PREGNANT, WHO HAVE MINOR CHILDREN, HAVE OPEN CPS CASES, OR ARE IN DANGER
OF LOSING THEIR CHILDREN AND LIVE IN KALAMAZOO COUNTY WHO WOULD BENEFIT FROM CASE
MANAGEMENT/SUPPORTS***

**A WOMAN MUST HAVE INTEREST OR CONSENT TO PARTICIPATE IN THE PROGRAM PRIOR TO
SUBMISSION OF THIS FORM THROUGH FAX, PHONE CALL OR IN PERSON.**

PARTICIPANT'S SIGNATURE _____ **DATE:** _____

Name: _____ S.S. _____

Address _____

City, State, Zip _____

Phone #: _____ Date of Birth: _____

Is the client pregnant? YES NO UNSURE Due Date: _____

Children under 18 that client has legal custody of _____

CPS involvement? YES NO
Dept. of Correction involvement? YES NO
Drug Treatment Court? YES NO

Referral Source: _____ Phone #: _____

Obtain a two-way release of information should you want updates from us on this referral.

Present Alcohol Use: YES NO UNSURE Last used on: _____

Present Drug Use: YES NO UNSURE Last used on: _____

Past or Present Substance Abuse TX? YES NO If yes, explain: _____

***DO YOU USE INJECTABLE DRUGS? (Since 1980) Last use/type:** _____

Medicaid: YES NO Medicaid Eligible: YES NO UNSURE
Block Grant (CA): YES NO Block Grant (CA) Eligible: YES NO UNSURE

Please check each of the following that may be needed by this client:

- | | |
|---------------------------|-------------------------------|
| ____ AIDS/HIV EDUCATION | ____ FOOD AND CLOTHING |
| ____ OR TESTING | ____ HOUSING |
| ____ CHILD ABUSE/NEGLECT | ____ RAPE/SEXUAL ASSAULT |
| ____ CHILD CARE | ____ MONEY MANAGEMENT |
| ____ DENTAL SERVICES | ____ SEXUAL HEALTH (STD'S) |
| ____ DOMESTIC VIOLENCE | ____ MEDICAL SERVICES |
| ____ EDUCATION | ____ MENTAL HEALTH COUNSELING |
| ____ (GED/LITERACY/JOB) | ____ TRANSPORTATION |
| ____ EMERGENCY ASSISTANCE | ____ OTHER: PLEASE EXPLAIN |
| ____ EMPLOYMENT | |
| ____ PARENTING | |

Client # _____

Rev. 2/11/16 KJ