

WOMEN'S SPECIALTY PROGRAM

Housed at Jim Gilmore Jr. Community Healing Center 1910 Shaffer Road, Kalamazoo, MI 49048

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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  
OR TESTING

\_\_\_\_ CHILD ABUSE/NEGLECT

\_\_\_\_ CHILD CARE

\_\_\_\_ DENTAL SERVICES

\_\_\_\_ DOMESTIC VIOLENCE

\_\_\_\_ EDUCATION

(GED/LITERACY/JOB)

\_\_\_\_ EMERGENCY ASSISTANCE

\_\_\_\_ EMPLOYMENT

\_\_\_\_ PARENTING

\_\_\_\_ FOOD AND CLOTHING

\_\_\_\_ HOUSING

\_\_\_\_ RAPE/SEXUAL ASSAULT

\_\_\_\_ MONEY MANAGEMENT

\_\_\_\_ SEXUAL HEALTH (STD'S)

\_\_\_\_ MEDICAL SERVICES

\_\_\_\_ MENTAL HEALTH COUNSELING

\_\_\_\_ TRANSPORTATION

\_\_\_\_ OTHER: PLEASE EXPLAIN

Client # \_\_\_\_\_

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