

# Women's Specialty Program

## HOUSED ELIZABETH UPJOHN COMMUNITY HEALING CENTER

2615 Stadium Drive  
Kalamazoo MI  
49007



Kaye Sanders  
Women's Specialty Program Coordinator  
**269-343-1651 ext. 118**  
Cell: 269-270-5358  
Fax: 269-382-7078  
ksanders@chcmi.org

## 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: \_\_\_\_\_

Full Name: \_\_\_\_\_ S.S. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Employment

Medical Services

Child Abuse/Neglect

Parenting

Mental Health Counseling

Child Care

Food And Clothing

Transportation

Dental Services

Housing

Other: Please Explain

Domestic Violence

Rape/Sexual Assault

Education (Ged/Literacy/Job)

Money Management

Emergency Assistance

Sexual Health (Std's)

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