

GENERAL INFORMATION

Referral Date: _____

Referral from:	
<input type="checkbox"/> NC DPS Staff	<input type="checkbox"/> Providers
<input type="checkbox"/> TASC	<input type="checkbox"/> Law Enforcement / Probation Officer
<input type="checkbox"/> Self	<input type="checkbox"/> Family Member

In Custody: Yes No Location: _____

CLIENT PROFILE

Last Name: _____

First Name & MI: _____

Address: _____

DOB: ____ / ____ / ____

- Race: African American
 Caucasian Asian Latino
 Multi-racial Bi-racial
 Native American
 Hawaiian/Pacific Islander
 Other

Ethnicity: Non-Hispanic Hispanic

Gender: Male Female

Transgender

Marital Status: Single Married

Separated Divorced Widowed

Significant Other

Opus #: _____

Personal Telephone: _____

Work Telephone: _____

Case Manager: _____

CM Telephone: _____

PPO: _____

PPO Telephone: _____

PPO Email: _____

Is the client currently receiving services from Substance Use Disorders (SUD) or Mental Health provider? Yes No

Reason for referral: _____

Please submit completed form to Local Reentry Council Coordinator

Karen Shaw

326 E Main Street Durham NC 27701

Tel: (919) 560-0514 Fax: (919) 560-0504

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