



# People, Places, and Dreams

Peer • Wellness • Recovery

## Client Referral Information

Date: \_\_\_\_\_

Referring Source/Agency/Doctor: \_\_\_\_\_

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

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Legal guardian?  Yes  No (If yes, name of legal guardian) \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ No Insurance:  Yes  No

Do you smoke?  Yes  No: If so, what? \_\_\_\_\_

Social Services Involvement/ Environmental/ Financial/ Criminal Justice Involvement:  
(pertinent to care): \_\_\_\_\_

Current Symptoms/ Services Requested (please circle all that apply):

Peer Supportive Services MH and SUD	Rose Quartz Women's Program	Smoking Cessation	MH/SUD Assessment Case Management/ Counseling	SOR- State Opioid Response/ Private Insurance
Intensive Outpatient (IOP)	Parenting Classes	MID Program (Marijuana/ MDMA) Harm Reduction	MAT Peer Support/ Perinatal MAT	LGBTQ Recovery Housing Referral

**Attn: Intake Coordinator**

1. Fax referral forms to 216-910-9015 or
2. Email: [intake@peopleplacesanddreams.com](mailto:intake@peopleplacesanddreams.com)

(Please allow 24-48 hours for response)