



## **STAR Program Referral Form**

Support Team for Addiction Recovery provides members with 12-months of free case management and recovery coaching. Members must:

- Be at least 18 years old
- Reside in Sussex County
- Have a history of opioid or stimulant use disorder

Please fax to: 973-383-6576 Attn: Annmarie Shafer  
or email [Annmarie@centerforprevention.org](mailto:Annmarie@centerforprevention.org)

DATE COMPLETED: \_\_\_\_\_

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### **Potential Member Information:**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CLINICAL INFORMATION (psychiatric diagnosis, current medications, recent hospitalizations, mental health and/or substance use treatment history):

CASE MANAGEMENT NEEDS:

RECOVERY SUPPORT NEEDS:

Is member aware of the program and willing to receive a call from the STAR Team?  YES  NO

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### **Referral Source Information:**

ORGANIZATION: \_\_\_\_\_

NAME & POSITION: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_