



## **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 use disorder

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

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

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### **Potential Member Information:**

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

RACE & ETHNICITY: \_\_\_\_\_

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

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

### **CLINICAL & BACKGROUND INFORMATION:**

*(psychiatric diagnoses, current medications, recent hospitalizations, mental health and/or substance use treatment history, legal status, etc)*

### **CASE MANAGEMENT & RECOVERY SUPPORT NEEDS:**

*(housing, employment, healthcare, support network, etc)*

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: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_