



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 and/or stimulant use disorder

Please fax to: 973-383-6576 Attn: STAR Program
or email STARintake@centerforprevention.org

Date Completed: _____

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)

Is member currently receiving case management services? YES NO

If yes, from what organization?

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

Referral Source Information:

ORGANIZATION NAME: _____

NAME & POSITION: _____

PHONE: _____ Email: _____