



STAR Program Referral Form

The Support Team for Addiction Recovery (STAR) Program offers up to 12 months of free case management and recovery coaching. To qualify, individuals must:

- ✓ Be at least 18 years old
- ✓ Live 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: _____

Participant Information:

NAME: _____ DOB: _____

RACE & ETHNICITY: _____ GENDER: _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: _____ EMAIL: _____

CLINICAL & BACKGROUND INFORMATION:

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

Has this individual previously participated in the STAR Program? YES NO

Is this individual currently receiving case management services? YES NO

If yes, from what organization?

CASE MANAGEMENT & RECOVERY SUPPORT NEEDS:

(e.g., housing, employment, healthcare, social supports, transportation, etc.)

Is the individual aware of this referral and willing to receive a call from the STAR Team? YES NO

Referral Source Information:

ORGANIZATION NAME: _____

NAME & POSITION: _____

PHONE: _____ Email: _____