

Referral Form

Email with a signed Release of Information to **hoosiersoberliving@gmail.com** · 317-787-5626. Don't attach treatment records without a signed release.

Referral Source

Agency / program:

Referring person: Title:

Phone: Email:

Type: ☐ Treatment ☐ Court/probation ☐ Corrections ☐ VA ☐ Hospital ☐ CMHC ☐ Homeless services ☐ Other

Applicant

Full name:

Date of birth: Phone:

Email:

Current location (program/facility):

Expected discharge/release date: Desired move-in date:

Veteran? ☐ Yes ☐ No

Court/probation involvement? ☐ Yes ☐ No

If yes, officer/coordinator & phone:

Recovery Information (only what the applicant has agreed to share)

Sobriety / clean date:

Currently in treatment? ☐ Yes ☐ No

If yes, program & level of care:

Prescribed MOUD? ☐ None ☐ Buprenorphine/Suboxone ☐ Methadone ☐ Naltrexone/Vivitrol

Working, in school or able to work? ☐ Yes ☐ No ☐ Looking

Referral Form (continued)

Applicant name:

Payment

Expected payment source: ☐ Self-pay ☐ Family/third party ☐ Recovery Works (Level II homes only) ☐ Other

Notes:

Reason for Referral / Notes

Consent

☐ The applicant agrees to this referral ☐ A signed Release of Information is attached

Referring person signature

Date

Hoosier Sober Living does not give or receive anything of value for referrals.

Referral Add-On: VA Referrals

Complete this page only for veterans referred by VA staff. Attach it to the Referral Form (B1).

VA Referring Staff

VA facility:

Program: ☐ HCHV / Homeless Program ☐ Substance Use Program ☐ Mental Health ☐ Social Work ☐ Other

VA staff name: Title:

Phone: Email:

Veteran

Veteran name:

Enrolled in VA health care? ☐ Yes ☐ No ☐ Unknown

VA Form 10-5345 signed (VA may share information)? ☐ Yes ☐ No

Hoosier Sober Living release (Form B2) signed? ☐ Yes ☐ No

Housing & Payment

Expected payment source: ☐ Veteran self-pay (income/benefits) ☐ VA contract ☐ Other

Has a VA fiduciary? ☐ Yes ☐ No

If yes, fiduciary name & phone:

Also connected to: ☐ HUD-VASH ☐ SSVF ☐ Veterans Treatment Court ☐ None

Permanent housing plan / next step:

VA Follow-Up Requested

☐ Move-in confirmation ☐ Monthly check-in ☐ Notify VA if veteran leaves ☐ Other:

Updates are shared only as allowed by the signed releases

VA staff signature

Date

Hoosier Sober Living does not give or receive anything of value for referrals.

Referral Add-On: Court, Probation & Corrections

Complete this page for referrals from problem-solving courts, probation, parole, community corrections or reentry programs. Attach it to the Referral Form (B1).

Supervising Agency

Type: ☐ Drug court ☐ Veterans court ☐ Reentry court ☐ Mental health court ☐ Probation ☐ Parole
☐ Community corrections ☐ Reentry program

Court / agency & county:

Coordinator / officer: Phone:

Email: Case # (optional):

Supervision Requirements

Required of the residence: ☐ Drug test results ☐ Curfew verification ☐ Attendance reports ☐ Address verification

Report frequency: Report to:

Curfew or other conditions the house should know:

Supervision end date (if known):

Placement

This is: ☐ An individual referral (applicant chooses to live here) ☐ A program placement / agency-paid bed

Note: Program placements and agency payments need review before acceptance. Indianapolis zoning treats halfway houses for people in the criminal justice system differently from group homes.

Expected payment source: ☐ Self-pay ☐ Family/third party ☐ Agency (requires Form C1 and review)

Consent

☐ Applicant signed a Release of Information (Form B2) naming this court/agency ☐ Applicant agrees to this referral

Coordinator / officer signature

Date

Hoosier Sober Living does not give or receive anything of value for referrals.