New River Valley Community Services
PHP Dojo Referral Form

Client: **Age:** **MRN:** **Date of Referral:**

Address: **Phone #**

Individual/Agency has payment source: ☐ **MEDICAID Specify MCO** _____ **Other Source:** _____

Reason for referral to PHP Level of Treatment (please include criteria from ASAM dimensions 4-6):

Does client have stable/supportive housing?

Referral Source and contact number:

Program & Supervisor:

Current DSM Diagnoses(Must have at least one current SUD Diagnosis):

***Prior to submitting the referral, please ensure the following are complete:**

- ☐ Comprehensive SUD Assessment by LMHP or LMHP-E and must be valid for the next **90 days.**
- ☐ Level 2.5 ASAM Criteria completed within the last **10 days**.
- ☐ Transportation has been arranged OR specify what transportation needs the client has:
- ☐ Current signed ROI for client's insurance, including SUD information checked.
- ☐ Client is aware of the program expectations and agreeable to participate:
  - This program runs 4 days per week on Mondays - Thursdays from 9:30 – 3:00pm. Clients MUST attend all 4 days per week.
  - Must notify staff if unable to attend and will not be admitted to the program late.
  - Drug Tests are randomly given.
- ☐ After referral form is completed, please email to Dojoreferrals@nrvcs.org