



2401 E. 13th St.
Hays, Kansas
67601
(Phone) 785-625-6942
(Fax) 785-625-2334

SUD Referral

Consumer's Name: _____ DOB: _____

Address _____ Primary Phone Number: _____

_____ Secondary Phone Number: _____

(Please circle one of the following below)

Assessment: Completed Need an Assessment Needs Updated Other: _____

Are you pregnant?: Yes No **If so, how far along:** _____

Are you an IV user?: Yes No

Insurance/Funding:

Medicaid BCBS SB123 Medicare Medicaid None Grant Funding

Other (Specify) _____

1. Reason for the Referral:

2. Referral Source *(if it came from an officer please obtain name and if they are CSO/ISO/JJA):*

Staff Signature: _____ Date: _____

Counselor Contact: _____