

**ADOLESCENT COMMUNITY REINFORCEMENT APPROACH
 ASSERTIVE CONTINUING CARE (ACRA-ACC)
 REFERRAL FORM**

ACRA-ACC is an evidence-based outpatient substance use treatment program which is delivered in a clinic, community, or home based setting to treat the unique needs of the substance using adolescents. To make a referral, please call or fax this form to the provider in your area.

- Child and Family Guidance Center-** (tel.) 203-394-6529 x3557 (fax) 203-394-6534 (Bridgeport, Norwalk areas)
- Community Health Resources-** (tel.) 877-884-3571 (Hartford, Manchester, Enfield, Willimantic, Norwich, Middletown areas)
- Wakeman Hall, Children's Center of Hamden-** (tel.) 203-248-2116 x308 (fax) 203-287-9815 (Greater New Haven area)
- CT Junior Republic-** (tel.) 203-757-9939 (fax) 203-759-1224 (Waterbury, Danbury, Torrington areas)
- CT Junior Republic-** (tel.) 860-357-4467 (fax) 860-357-4472 (New Britain, Meriden areas)

Youth

Referral date:

Name:		Date of birth:
Age:	Race/ethnicity:	Gender:
Address:		Phone number:
Youth resides with:		Relationship:
School:	Grade:	Primary language:

Caregiver/Guardian

Caregiver(s) name:	Primary Language:
Phone number:	Cell phone:
Address:	
Legal guardian's name:	Primary language:
Phone number:	Cell phone:
Address:	

Youth Concerns

Youth is currently using substances as evidenced by: self-report, positive urinalysis, police report,
 witness of use, other _____

List substances used within the past month: _____

No substance use due to being in a controlled environment

Substance use has negatively impacted: relationships, family, education, health, legal,
 interests, other _____

Is the youth willing to: accept treatment somewhat resistant or resistant to treatment?

Identified Recovery Supports: Family Friends Faith-Based Educational Basic Needs
 Transportation Legal Other _____

Additional Information: (optional)

Form Completed By:

Name:	Agency (if applicable):
E-mail:	Phone number:

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CATCHMENT AREA BY PROVIDER

