

Odyssey House Referral Form

Date: _____

Name: _____ Date of Birth: _____ Race: _____

Current Address: _____

City: _____ State: _____

Referring Agency Representative: _____

Telephone#: _____ Email: _____

Medical Information

How long have you been sober? _____ Drug of Choice: _____

List medical conditions: _____

List previous or current mental health issues: _____

General Information

Have you ever lived in a Sober House? _____ Where? _____

What drug treatment/classes have you received? _____

Which recovery meetings do you attend? (AA, NA, RA, etc) _____

Are you a veteran? _____

Do you have any religious affiliations? (Christian, Baptist, Catholic, etc) _____

Past convictions: _____ Pending charges: _____

Have you ever been convicted as sex offender? _____ Are you on probation or parole? _____

Are you currently employed? _____ Where? _____ Salary(weekly/monthly): _____

Do you have children? _____ Do you pay child support? _____ Amount: _____