Casa Mia
Crosspoint Community Residential Program
Referral Form

Applicant Name:		Date of Birth:
Person completing this form if other than applicant		Applicant or referral source Contact Phone #:

Referral Source *(person providing this information):*	☐ Self / Rec. Coach	☐ Counselor / Case Manager	Program name:
	☐ CPS	☐ Court, Probation, Pretrial	☐ Bexar County
Requested Admission Date			
Assigned CPS case worker name & phone			
Assigned probation or court officer name & phone			

A. Are you enrolled in Medication Assisted Therapy (MAT)?	☐ yes ☐ no	*If yes:* ☐ methadone ☐ Buprenorphine ☐ Suboxone
B. Do you take other prescribed medication?	☐ yes ☐ no	Do you have a supply of these medications? ☐ yes ☐ no
C. When is the last time you used heroin or any opiate?		When is the last time you used any other drug or alcohol?
D. Without assistance, are you able to use stairs, bathe, toilet, dress, eat and take medications? *(if 'no' to any of these, please explain on reverse)*		☐ yes ☐ no
E. Have you been enrolled in individual or group counseling within the past 90 days?		☐ yes ☐ no
F. Will you have problems using public transportation?		☐ yes ☐ no

G. Do you have a protective order against any spouse, former spouse, significant other or any family member?	☐ yes ☐ no
H. Are there any protective orders in effect against you?	☐ yes ☐ no
I. *Who is able to offer you support? (name & relationship)*	
J. *If this is a CPS or court mandated referral, is the resident allowed visitors or outside contact with others?* ☐ yes ☐ no ☐ NA—not mandated *If yes, please list name & relationship of permitted visitors*	

K. Currently Employed? ☐ yes ☐ no	If no, date last employed (mo/yr)
L. *For CPS or court-ordered referrals only:* *Is the resident allowed to continue with current employment &/or seek new employment* ☐ yes ☐ no	
Name of Current Employer, if any:	*Clients are normally expected to remain in the facility for 24 to 72 hours after arriving. Please advise if this will require consultation with employer*

M. List your most serious current/pending offense:	☐ no current offenses
N. Are you under any sentence of probation, or on parole or supervised release?	☐ yes ☐ no
O. Have you ever been convicted of murder or any sexual offense?	☐ yes ☐ no
P. Is the client assigned to GPS?	☐ full ☐ partial ☐ tracking ☐ not assigned

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Are you enrolled in any addiction treatment program, including MAT? ☐ yes ☐ no
If yes, name of clinic, counselor &/or Recovery Coach

Are you under the care of a medical doctor? ☐ yes ☐ no if yes, name of doctor/practice

Please list all follow-up recommendations or appointments:

Physician/ Clinic Name	Address & phone number	Date & Time of Appointment

Vaccinations

TDAP	Flu	Date of last Physical:

Medicaid #:

Enter Comments or notes

List name(s) & age(s) of all of the client's children with custodial status;

Child Name /Age	Custodial Status	*For children to be admitted with the client, include health conditions, allergies, well-child visit status, vaccinations and whether an infant is breast- or bottle-fed*
	☐ With mother ☐ CPS placement ☐ No custody	
	☐ With mother ☐ CPS placement ☐ No custody	
	☐ With mother ☐ CPS placement ☐ No custody	

- *Submit referral to Crosspoint at QA@cpsatx.org or fax to 210 549-4735 when complete*
- **Please** *allow for a 72-hour turn around for final approval*
- **Contact 210 549-4730 with questions**

Staff Review: *please print*

Date Received:

☐ Documentation of TB test results

☐ Treatment summary & Diagnosis

☐ Medication list

☐ Background check