

**PROBATIONARY/COURT REFERRAL to CARE of Southeastern Michigan**

**Fax to: 586.541.2274**

1. Probationer is referred to **CARE of Southeastern Michigan, 31900 Utica Road, Fraser, MI 48026, 586.541.CARE (2273)**, for: **(Choose one only!)**

Court ordered Substance Abuse Treatment. **(If treatment is ordered must check one item below)**

Outpatient  Intensive OP  Residential

**CARE will give phone referral to clients who do not qualify for Funding Assistance or provide phone screens to clients meeting income guidelines and wanting intensive treatment.**

Determination of substance abuse treatment needs at a fee of \$225.00

**Probationer shall pay CARE prior to services being rendered.**

2. Probationer is believed to be using the following substance(s):  Hallucinogens (LSD, Acid, PCP)

Marijuana  Alcohol  Crack/Cocaine  Heroin  Other \_\_\_\_\_

3. The contact information for Probationer is:

\_\_\_\_\_  
Probationer Name **(PLEASE PRINT CLEARLY)**

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, Zip

\_\_\_\_\_  
Social Security Number

4. CARE shall arrange the ordered service within 30 days and forward a report or confirmation of assessment to the Court. If Probationer fails to schedule an appointment within 30 days, CARE shall inform the Court.

**5. Referred By:**

\_\_\_\_\_  
Referring Person **(Please Print)**

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, Zip

6. A copy of this order shall be immediately forwarded to CARE. **Probationer shall contact CARE** to schedule an appointment.

7. I consent to communication between CARE and the Court/Probation Department for the purpose of confirmation of appointments, confirmation of assessment, substance abuse assessment, recommendations, and rationale for referral. I understand that this consent is court ordered, will remain in effect, and cannot be revoked by me. This consent expires one (1) year after appointment scheduled or one year from date signed, which ever comes first.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Probationer/Client