

# Recovery Partnership: Reflections Referral

## Supplemental Information Form

1360 Main Street  
Hellertown, PA 18055

ph: (610)748-1011  
fx: (610)748-1012

For RP staff only  
Date Reviewed: \_\_\_\_\_ Initials: \_\_\_\_\_

1. Person Referred: \_\_\_\_\_
2. Is the person able to take their medications as prescribed **without** supervision or support?  
 YES  NO  Not Applicable
3. Reflections does not provide food as part of the program. The client is responsible for bringing food with them to the program. Does he/she have adequate resources to address nutritional needs?  
 YES  No  Plan to utilize food bank prior to admission  Other: \_\_\_\_\_
4. Can the person prepare his/her own food or is he/she able to ask for assistance?  YES  NO
5. Person's Preferred Language: \_\_\_\_\_
6. Does the person have access to transportation if needed for appointments, etc?  YES  NO  
*If YES, please describe (personal vehicle, LANTA pass, ICM, etc):* \_\_\_\_\_
7. If homeless, have referrals been made to housing programs, shelters, etc.?  
 YES  NO  Not Applicable *If YES, where?* \_\_\_\_\_  
\_\_\_\_\_
8. Does the person require active supervision (parole/probation)?  YES  NO  N/A  
*If YES, describe recent criminal history:* \_\_\_\_\_  
\_\_\_\_\_  
*Name of P.O.:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_

Additional Comments:

---

---

---

\_\_\_\_\_  
Signature of Referral Source \_\_\_\_\_  
Date