



H.O.P.E. House
 Healing Opportunities Providing Empowerment
 Peer Recovery Respite Center

HOPE House Referral Form

HISTORY OF PREVIOUS TREATMENT			
<u>Inpatient Treatment</u>			
Inpatient Setting:	Dates:	Reason:	Outcome:
<u>Outpatient Treatment</u>			
Clinician:	Dates:	Reason:	Outcome:
MEDICATIONS			
Medication:	Dosage:	Frequency:	M.D. Monitoring
LINKAGES/SERVICES			
Current Service Providers:			
Agency	Doctor/Therapist/Care Manager:	Telephone:	
SNAP: Yes No	HEAP: Yes No	Medicaid ID:	Court System:
Additional Issues to be Addressed:			

Hope House Referrals should first be called to Niagara County Crisis Services at 285-3515 to Jodi McKay or Jim Swift. Hope House Referral forms can then be faxed to 278-8130.