

Granada House
70 Adamson Street,
Allston, MA 02134



Office: (617)254-2923
Fax: (617)787-3820
Email: referrals@granadahouse.org

Referral Form
(to be completed by the client's Case Manager)

Client Information:		
Name:	Phone #: ()- -	Email:
Age:	Gender:	Sexual Orientation:
Last known address:		If homeless, how long:
Has client participated in Granada House program before: <input type="checkbox"/>		Client is over 18: <input type="checkbox"/>
Client is mentally and physically stable and does not pose risk to self or others: <input type="checkbox"/>		Client is substance free for at least five days: <input type="checkbox"/>
Client is able to participate in Granada House Individual and Group Treatment programs and abide by house rules: <input type="checkbox"/>		Client is not actively infected by TB: <input type="checkbox"/>
Client has no personal circumstance/obligations preventing him or her from fulfilling treatment expectations (i.e: work, attend groups, curfew, chores etc.): <input type="checkbox"/>		Client is medically cleared per ASAM Dimension 1.: <input type="checkbox"/>
Registered sex offender or pending charge that may result in registered status:		Client has consented to referral to Granada House: <input type="checkbox"/>
Case Manager Information:		
Case Mgr Name:	Phone#: ()- -	Email:
Agency:	Supervisor:	Supervisor Phone:()- -
Client Family History:		
Marital Status: Married: <input type="checkbox"/> , Divorced: <input type="checkbox"/> , Separated: <input type="checkbox"/> , Single: <input type="checkbox"/> , Widowed: <input type="checkbox"/>		History of violence in relationship: <input type="checkbox"/>
Restraining order: <input type="checkbox"/>	Partner's substance use history:	
Children? If yes, how many:	Client has legal <input type="checkbox"/> physical custody <input type="checkbox"/> of children?	Is DCF involved with children: <input type="checkbox"/>
Parental Substance Abuse, if any:		
Educational History:		
Highest level completed:	Vocational Training:	Learning disability: <input type="checkbox"/>
Legal:		
Outstanding warrants: <input type="checkbox"/>	Pending Case/s: <input type="checkbox"/>	Any legal obligations that may compromise treatment: <input type="checkbox"/>
Status of pending case/s:		
Parole/Probation officer/court:		Phone: ()- -
Gang affiliations past/present:		
Mental Health & Medical History/Current Status:		
Mental Diagnosis, if any:	History of Mental Health Treatment: <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Residential	
Reasons why mental health treatment sought:		
Suicide attempts/ideations: <input type="checkbox"/>	Explain self harm history:	
Trauma History:		
Current Therapist/Clinic:		Phone: ()- -
Psychiatrist/Clinic:		Phone: ()- -
Medical History/current diagnosis:		Current medical treatment:
Current Medications (not including MAT):		
Medication	Dosage	Provider/phone

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Substance Use & Treatment History:		
Date current treatment began:	Expected completion Date:	Placement prior to current:
Primary Substance Choice:		Frequency:
Number of years of active use:	Age at first use:	First substance used:
Longest substance free period:	When:	Date of last use:
History of Substance Use Treatment:		
# of Detox:	Where:	When:
# of TSS:	Where:	When:
# of CSS:	Where:	When:
# of Recovery homes:	Where:	When:
# of Sober homes:	Where:	When:
Any other addictive behaviors:		
Are you currently on MAT (Medication Assisted Treatment: <input type="checkbox"/>). If yes, complete the following:		
<input type="checkbox"/> Methadone	Dosage:	Provider/phone:
<input type="checkbox"/> Suboxone	Dosage:	Provider/phone:
<input type="checkbox"/> Naltrexone	Dosage:	Provider/phone:
<input type="checkbox"/> Other:	Dosage:	Provider/phone:
Insurance: (check all that apply)		
<input type="checkbox"/> Medicaid/MassHealth	<input type="checkbox"/> Medicare (age 65 or disabled)	<input type="checkbox"/> OT/State Subsidy (Health Safety Net/Commonwealth Care etc.)
<input type="checkbox"/> HMO (employer/self pay)	<input type="checkbox"/> Uninsured	<input type="checkbox"/> Application pending
Insurance Company:		Policy Name:
Policy #:		Group #:
Current Source of Income: (Check all that apply)		
<input type="checkbox"/> Wages/Salary	<input type="checkbox"/> Alimony	<input type="checkbox"/> Child Support
<input type="checkbox"/> VA Pension	<input type="checkbox"/> Public Assistance - AFDC	<input type="checkbox"/> Cash Income
<input type="checkbox"/> Disability (SSI)	<input type="checkbox"/> Disability (SSDI)	<input type="checkbox"/> Disability (Veterans)
<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Other/describe:		<input type="checkbox"/> None
Total Client Income: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		Assets:
Additional comments, if any:		
For rapid consideration, please attach the following (if any) with your referral:		
<input type="checkbox"/> Bio-Psych-Social Assessments	<input type="checkbox"/> Current Treatment plan	<input type="checkbox"/> TB Screening/Assessment
Intake Process:		
<input type="checkbox"/> Client's Case Manager will send this referral form with attachments to Granada House by email: referrals@granadahouse.org or by fax (617)787-3820		
<input type="checkbox"/> Granada House Clinical Director will review the referral form and, if necessary ask for additional documents by email or a phone call		
<input type="checkbox"/> If deemed appropriate for placement, the Case Manager/Client will be informed that the client is placed on Granada House Wait list		
<input type="checkbox"/> After placed on the Wait list, the client is to check-in daily by calling our main line (617)254-2923 and leave a message		
<input type="checkbox"/> When space becomes available, Client/Case Manager will be informed of the date/time of intake		
What a Client needs to bring when admitted to Granada House		
<input type="checkbox"/> Supple of medications (prefer 30 days)	<input type="checkbox"/> Only <u>two</u> bags of clothing (no suitcases)	<input type="checkbox"/> Toiletries
For any questions, please call our main line and select the option to speak with appropriate staff.		