monarch
recovery services | services de rétablissement

# Monarch Women's Services Referral Form

**DATE: _____**

**IMPORTANT: This referral form is optional; it is NOT required to begin services. To schedule an assessment appointment, please contact the Assessment Coordinator by the following methods listed below.**

**Please Note:** *Sending a referral on behalf of a participant is **NOT** implied consent to disclose any information. A written consent must be signed in order to share information with the referring agency.*

-Ensure that all information is filled out correctly. No messages will be left at any contact information provided unless it is clearly checked off.

-A GAIN assessment is required for Residential treatment. If Residential treatment is being requested, please fax a GAIN assessment along with this referral form, if already completed. If you are unsure as to where to have a GAIN assessment completed, please let the Assessment Coordinator know and they can help you with this.

**PLEASE SEND REFERRALS BY ANY OF THE FOLLOWING METHODS**

**Phone:** 705-674-4193, ext. 2225. **Fax:** 705-674-8002 **Email:** info.women@srmonarchrs.ca

| Referring Agency (if applicable) | |
|---|---|
| **Name of Agency** | |
| **Worker Name** | |
| **Worker Phone Number and Email Address** | |

| Personal Information | |
|---|---|
| **Participant's Name** | |
| **Date of Birth:** dd/mm/yyyy | |
| **Phone Number(s)**<br><br>**Consent given?** | ***Consent to call the phone number provided? Yes ☐ No ☐***<br>***Can we leave a voicemail?* Yes ☐ No ☐** |
| **Email Address**<br>**Consent given?** | ***Consent to e-mail the e-mail address provided? Yes ☐ No ☐*** |
| **Program(s) of Interest** | Women's Residential Treatment Program ☐<br>Pregnancy/Parenting Outreach Program (POPP) ☐<br>Women's Aftercare Programs and Residence ☐ |