



1820 Center Avenue, Suite 170 · Janesville, Wisconsin 53546
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PROJECT CONNECT

Project CONNECT serves Rock County, Wisconsin adults, veterans, families, and adolescents 16 and older, that are experiencing homelessness and have a substance use disorder (SUD) or co-occurring disorder.

REFERRAL FOR SERVICES

Referral Date: _____

Participant Full Legal Name: _____

Participant's Current Location: _____

Contact Number: _____ DOB: _____ Email: _____

Circle Which Gender You Most Identify: M F Transgender M Transgender F

Not Listed: _____ Prefer Not to Answer

Reason for Referral: _____

Current length of residential instability/ homelessness: Date From: (/ /) Date to: (/ /)
mm / dd / yy mm / dd / yy

Homelessness is defined as the following (as defined by the HEARTH Act of 2009)

Category 1: Individuals and families who lack a fixed, regular, and adequate night time residence; An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for habitation immediately before entering the institution. **Category 2:** Individuals and families who will imminently lose their primary night time residence. **Category 3:** Unaccompanied youth and families with children who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition.

Category 4: Individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family

History of using substances (drugs and/or alcohol): Yes No

Currently using substances (drugs and/or alcohol): Yes No

Drug(s) of Choice: _____

History of IV needle use? Yes No

Does the Participant have any chronic or acute medical conditions? Yes No

If yes, please list: _____

Any need for language/interpretation services? If yes, please explain: _____

Is participant currently pregnant: Yes No

Does participant have any mental health issues, if yes please explain. Yes No

Narrative

Please provide any additional information that may be helpful to the Project CONNECT team:

Does the participant currently have medical insurance? Yes No

Health Insurance Provider (If Applicable): _____ HMO: _____

**Status of current medical insurance coverage is not a factor in the admission process for Project CONNECT. No applicant may be denied based on the status of their current medical insurance.*

How Did You Learn About Project Connect:

Contact Information for Person Completing Referral:

Name: _____

Location: _____

Email: _____

Phone: _____

Reliable Additional Phone: _____

I am aware that my confidentiality will be upheld. However, I am aware that my treatment team works collaboratively as needed to ensure that I obtain the best care possible. I am aware my treatment team consists of my primary therapist, group therapists, psychiatrist, and case manager.

*Please include a signed Release of Information. For questions or additional information, please call
Brittany Mayfield at (608)755-1475 or email Bmayfield@rvcp.org*