



CENTERSTONE

Centerstone Recovery Transitional Housing Referral Form

Please complete the following form and fax to (618) 993-2969.

Referral Date: _____ Referring Worker: _____

Referring Organization: _____ City: _____

Phone Number: _____ Email: _____

Anticipated discharge date: _____ Has the CRTH been discussed with the patient? Yes No

Patient Name: _____ Primary Language: _____

Date of Birth: _____ Gender: _____ Race: _____

Social Security Number: _____

Type of Insurance: _____ Insurance ID: _____

Phone: _____ Best time to contact: _____ Ok to leave message? Yes No

Permanent Address: _____

Does the patient meet the following criteria:

- At least 18 years old
- Medically stable
- Diagnosed with a substance use disorder
- Willing to participate in services, including assessment, treatment planning and groups
- Is not in current need of withdrawal management services
 - For patients in need of withdrawal management (detox) services, contact Centerstone's Fellowship House 24/7 at (618) 833-4456.
- Is an Illinois resident with Illinois Medicaid / Illinois Medicaid-Managed Care or a resident of any state with no insurance. Insurances accepted are Illinois Medicaid or Illinois Medicaid-Managed Care for clinical services. Individuals with no insurance and no/low income may be eligible. The CRTH offers a self-pay option, works with residents on a payment plan, and offer financial assistance for those who qualify.
- Agrees to contribute 30% of their gross income to the CRTH after a month at the CRTH. Centerstone will provide assistance in obtaining employment.
- Possesses or can gain access to the following:
 - Birth certificate
 - Government-issued ID
 - Insurance card (if applicable)
 - Link card (if applicable)
- Completed a substance use disorder residential program
- Has not been convicted of a sexual crime

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To enter services:

- Call the CRTH at (618) 923-4059 to begin referral process – the phone is answered 24/7. Admissions are scheduled Monday-Friday from 8 a.m. – 5 p.m.
 - For patients discharging from hospitals, it is important to schedule the admissions appointment with the patient for the CRTH prior to discharge to ensure care is continued uninterrupted.

Please provide the following documentation to Centerstone:

- Labs (if patient is stepping down from a hospital)
- Vitals (if patient is stepping down from a hospital)
- Health information (if patient is stepping down from a hospital)
- Crisis screen (if patient is stepping down from a hospital)
- Notes
- Mental health history
- Documentation of SUD
- If admitted, patient's medication must be brought to CRTH in original bottle.
 - Patient must bring 30 days of medication or 1 weeks' worth of medication and a prescription for refills.
 - All medications must be in the correct prescription bottles.
 - A doctor's orders for all medication samples must be included.

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