



## QUICK RESPONSE TEAM – COMMUNITY REQUEST FORM

Phone: 360-801-2020

Fax: 360-874-5595

INDIVIDUAL MAKING REFERRAL	
Date/time of referral:	
Individual making referral:	Primary number:
Individual making contact:	Alternate number:
Release of information signed: <input type="checkbox"/> YES ( <i>please attach</i> ) <input type="checkbox"/> NO	
INDIVIDUAL NEEDING SERVICES	
Name:	Date of birth:
Primary number:	Safe to leave message: <input type="checkbox"/> YES <input type="checkbox"/> NO
Alternate number:	Safe to leave message: <input type="checkbox"/> YES <input type="checkbox"/> NO
Primary address:	<input type="checkbox"/> homeless ( <i>please list best area to locate</i> )
Alternate address:	
Alternate contact name (optional):	Release of information signed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Alternate contact number:	Safe to leave message: <input type="checkbox"/> YES <input type="checkbox"/> NO
Alternate contact name (optional):	Release of information signed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Alternate contact number:	Safe to leave message: <input type="checkbox"/> YES <input type="checkbox"/> NO
REFERRAL REASON(S) ( <i>please check all the apply</i> )	
<input type="checkbox"/> Overdose event follow-up	<input type="checkbox"/> Primary care services ( <i>including infectious disease screening</i> )
<input type="checkbox"/> Substance use disorder education	<input type="checkbox"/> Mental health services
<input type="checkbox"/> Substance use disorder treatment	<input type="checkbox"/> Dental services
<input type="checkbox"/> Mental health assessment	<input type="checkbox"/> Health insurance enrollment
<input type="checkbox"/> Peer recovery support	<input type="checkbox"/> Social services ( <i>including food, housing, transportation</i> )
<input type="checkbox"/> Family/caregiver support	
<input type="checkbox"/> Naloxone (Narcan) rescue kit	



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Other referral reason(s) or service(s) requested:

**\*\*FOR INTERNAL STAFF USE\*\***

Date/time received:	Receiving staff:
Date/time individual needing services contacted:	Contacting staff:
Date/time referring individual contacted:	Contacting staff:
Primary staff assigned:	