



REFERRAL FORM
ATR Sober Home Pilot

This form is to be completed by authorized ATR referring providers, NOT the participant themselves. This form must be filled out completely in order for the referral to be processed.

Name of ATR Participant: _____ DOB: _____

Social Security Number: _____ Participant Phone Number: _____

Name of Participant's ATR Coordinator: _____

Please check off which ATR region this participant resides

- Radio buttons for Boston, New Bedford/Fall River, Springfield/Holyoke, Worcester

Please verify and check off that the participant meets the following eligibility criteria:

- 1. Individual must be a current and active participant in the Access to Recovery (ATR) Program
2. Individual must be currently facing housing instability/insecurity and ready for more independent living
3. Individual must also meet one of the following criteria:
- Current enrollment in an ATR job training program
- Currently receiving Unemployment Insurance
- Currently receiving disability (SSI/SSDI) insurance

Please describe how this individual qualifies as having housing instability and whether they're ready for a more independent living environment in a Sober Home.

Three horizontal lines for describing housing instability and readiness for independent living.

Referring Provider Information:

Name of staff person working with participant: _____ Program Name: _____

Email: _____ Phone number: _____

How long has this individual been working with you? _____

Fax this completed form, and any additional documentation, to the ATR Sober Housing Coordinator:

Datsy Aponte | Fax: 833.257.6056 | Phone: 617-386-6269 | Email: datsyaponte@healthrecovery.org