



## Supportive Case Management Referral Form

Lowell House Addiction Treatment and Recovery has Case Managers available to provide support services to young men and women ages 18-24 years who are in recovery from addiction and residing in the Greater Lowell area.

Complete this Referral Form and submit to John Dunn, Supportive Case Manager

**Fax: 978-937-2559 or email to [jdunn@lowellhouseinc.org](mailto:jdunn@lowellhouseinc.org).**

Any questions please contact Lowell House at 978-459-8656

Name	
Phone Number	
Email	
Current Address	
D.O.B.	

**Please answer the following:**

1. Your sobriety date:

\_\_\_\_\_

2. Do you participate in self-help? How often?

\_\_\_\_\_

3. Do you have a Substance Use Diagnosis? If so, please identify:

\_\_\_\_\_

4. Do you need assistance navigating systems?  yes  no  sometimes

\_\_\_\_\_

5. Are you currently:  in school  working  treatment program  other:

\_\_\_\_\_

6. Reason for Referral:

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