



California Access to Recovery Effort

(CARE 3)

Revised January 2012

REFERRAL LETTER

To:

Provider Name: _____

Street Address: _____

City: _____ Zip Code: _____

From:

Case Manager: _____ Fax: _____

Location: _____

Contact Name: _____ Phone: _____

Client Name: _____ Client ID: _____

The client referenced above has selected your program for CARE services. Enclosed are copies of the client's appropriate intake documents to assist you with treatment/recovery support planning. The enclosed documents are checked below:

- Consent for release of information Referral Completion form (blank)
 Assessment summary and level of care determination
 Other Information (specify): _____

The client has been issued a voucher for:

____ Early Intervention

____ Recovery Support

As soon as the client is admitted to your program, please FAX the completed Referral Completion form to the case manager at the number shown.