

WEST SLOPE CASA RESIDENTIAL REFERRAL CHECKLIST

Fax to the Intake Clinician for:

CIRT: Colorado West Recovery Services, 436 South 7th Street, Grand Junction CO 81501, 970-245-4213,
fax 970-245-9239

TLC: Colorado West Recovery Center, 711 Grand Ave., Glenwood Springs CO 81601, 970-945-8439,
fax 970-945-1040

CIRT and Transitional Living Center (TLC) **referrals must include:**

- 0 1. WSC Residential Screening Form (dated 5-24-05)
- 0 2. CW Residential Financial Information & Application signed by client (dated 1-19-06)
- 0 3. Complete ASI including ASAM Level of Care form
- 0 4. Interstate Compact form (dated 1-14-01)
- 0 5. CW Medical History Questionnaire (2 pages dated 10-26-98)
- 0 6. Consent for release of information (use your own form, include referring program, and treating physician, if applicable, in release)

Clinician making referral: _____

Program: _____

Phone: _____ e-mail: _____