

Referrals for Services



Superior Court of California
County of Alameda

Referral Form

Court: Family Drug Reentry

Medi-Cal forms submitted? Yes No

Referral Submission Date: _____

Private Insurance? Yes No

Case Manager: _____

ALOC entered into CG? Yes No

Client Name: _____

Daily rate of the program: _____

Reentry Court: Parole Probation

Tx Entry Date: _____

Indicated ASAM LOC/WM: _____

Tx Exit Date: _____

Program: _____

Tx Entry Date for **child**: _____

Modality: _____

Is there an entry fee? Yes No

Medi-Cal benefits confirmed with HIT Team? Yes No

Is this an extension? Yes No

Does the client have Medi-Cal in this county? Yes No

UA Tests? Yes No

Additional services to be paid for (i.e. classes):

Treatment Calculation

Justification for choosing non-ACBH provider:

Management Approval

Management Analyst

Date

Drug Court Manager

Date



Superior Court of California
COUNTY OF ALAMEDA

Office of Collaborative Court Services
Wiley W. Manuel Courthouse
661 Washington Street, Room 223, Oakland, California 94607

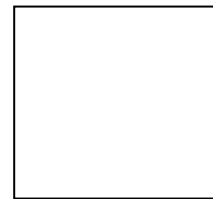
Adult Drug Court Family Treatment Court Reentry Court Veterans Court Court Shuttle

TRANSPORTATION REQUEST

Date of Service: _____

Name of Participant: _____

photo



PFN#: _____

Location of Pickup: _____

Round Trip: Yes No

Released To (Driver Name): Louis King

Time: _____

Destination: Court Appointment Other (specify): _____

Authorization: _____

Casemanager 510.555.1212 Case Manager 510.555.1213

Signature: _____

Total Mileage: _____ miles

Comments: _____

