



**3039 N. Post Rd.**

**Indianapolis, IN 46226**

**REFERRAL FORM: Multiple Pathways to Recovery LLC (MPTR), Substance Use Disorder Peer Support & Community Health Worker Services**

**Referee Details:**

- Referrer's Name: \_\_\_\_\_
- Organization/Agency (if applicable): \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Relationship to Referee: \_\_\_\_\_

**Reason for the Referral:** Briefly describe the reason for referring the individual to MPTR Substance Use Disorder Peer Support & Community Health Worker Services.

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**Background Information:** Please provide relevant background information about the individual being referred.

- Full Name of Referee: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
- Emergency Contact: \_\_\_\_\_
- Current Substance Use Patterns/Issues: \_\_\_\_\_
- History of Treatment or Support Services: \_\_\_\_\_
- Other Relevant Information: \_\_\_\_\_

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**Referral Destination: Multiple Pathways to Recovery LLC**

- **Address:** 3039 N. Post Rd. Indianapolis, IN. 46226
- **Contact Person:** Minkah Becktemba, Phone Number: 317-939-3393
- **Email Address:** multiplepathwaystorecovery118@gmail.com

**Date and Signature:**

- **Date of Referral:** \_\_\_\_\_
- **Referrer's Signature:** \_\_\_\_\_

**Confidentiality Statement:** I, the undersigned, understand and acknowledge that the information provided on this referral form is confidential. I agree that this information will only be used for the purpose of facilitating the referred individual's access to Substance Use Disorder Peer Support & Community Health Worker Services.

- **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disclaimer:** Multiple Pathways to Recovery LLC and its staff will maintain the confidentiality of the information provided on this form in accordance with applicable laws and regulations. The information will only be used for the purpose of providing appropriate support and services.

By signing below, I confirm that I have read and understood the confidentiality statement.

- **Signature (Referee):** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Thank you for your referral. We appreciate your commitment to supporting individuals on their journey to recovery.*