



Date of Referral ___/___/_____

Horizon Referral Form

****Parents are NOT eligible for the Horizon program if there is an open CINA case**

***Note: To be completed by BCDSS Caseworker. Fill in all required information completely and clearly. Please instruct the parent(s) to contact David Martinez at (410)605-0492 x304 to schedule their intake appointment(s).**

Which services is parent being referred for?

- Full Horizon Program Services: **Parent must be currently enrolled in treatment for a substance use disorder, or he/she needs to be enrolled in treatment.
- Drug Testing Services Only: **Parent is not currently in need of treatment for a substance use disorder however may be currently enrolled in, or possibly need other ancillary services (i.e. mental health, parenting classes, etc.)

*Name: _____

*Address: _____ *Zip Code: _____

*Birth Date: ___/___/_____ *Age: _____ *SSN: _____ - _____ - _____

*Race: _____ *Gender: M F *Ethnicity: Hispanic Non- Hispanic

*Home Phone: _____ *Cell Phone: _____

*Reason for referral:

*BCDSS Caseworker: _____

*Email address: _____ * Phone number: _____

*BCDSS Supervisor: _____

*Email address: _____ * Phone number: _____

*Child's name: _____ *Gender: _____ *Age: _____

*Birthdate: ___/___/_____

*Child's name: _____ *Gender: _____ *Age: _____

*Birthdate: ___/___/_____



*Child's name: _____ *Gender: _____ *Age: _____

*Birthdate: ____/____/____

*Child's name: _____ *Gender: _____ *Age: _____

*Birthdate: ____/____/____

*Marital Status: Single Married Divorced Separated

*Employment status: Employed FT Employed PT Unemployed Seeking Work Not Seeking Work Disabled Self-employed

*Highest Grade Completed: Grade 0-8 Grade 9 Grade 10 Grade 11 High School Diploma
 Earned GED Some College 2 Yr. College Degree 4 Yr. College Degree Technical/Trade

*Living Arrangements: Own/Rent House Rent/Lease Apartment w/Spouse/Partner
 w/Spouse/Partner & children

w/Friends w/Relatives w/Non-Relative Transitional Supportive Shelter Homeless

Parent Signature: _____

BCDSS Caseworker Signature: _____