

**FAMILY GROUP DECISION MAKING
OUD/POLY REFERRAL FORM**

Referral Source:		Date of Referral:	
Referral Name:		Date to Provider Agency: <input checked="" type="checkbox"/> FSNWPA	
Referral Phone Number:		<u>Type of Service Caseworker assesses to be most appropriate for the Family's needs at this time:</u>	
Referral Email:		<input type="checkbox"/> Traditional FGDM Conference <input type="checkbox"/> Transitional FGDM Conference <input type="checkbox"/> Expedited FGDM Conference (4-14 days)	
Send Referrals to: Program Supervisor Tim Keibler timk@fsnwpa.org 814-866-4650		<u>Type of Plan Requested</u> <input type="checkbox"/> Opioid Use Disorder <input type="checkbox"/> Poly-use Disorder <input type="checkbox"/> Substance Use Disorder	
Client(s) Name:		Social Security # (Optional):	
Client(s) Address:			
Client(s) Phone:		Client(s) Email:	
Reason for Referral:			
Other Household Members:			
Name	Phone Number	Age	Relationship to Family
Current Services:			
Bottom-Line Concern:			
What is the hope for the client(s)?			

Main Office
5100 Peach Street
Erie, PA 16509

Downtown Erie Office
240 West 11th Street
Fourth Floor
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Crawford County Office
18360 Technology Drive
Suite 200
Meadville, PA 16335

Mercer County Office
7 West State Street
Suite 208
Sharon, PA 16146