

Sobering Centers Referral Form

Sobering centers are alternative destinations for individuals who are found to be publicly intoxicated (due to alcohol and/or other drugs) and would otherwise be transported to the emergency department or jail. Sobering centers provide these Members, primarily those who are homeless or those with unstable living situations, with a safe, supportive environment to become sober. [Sobering Centers](#)

<u>Request Type</u>			
<input type="checkbox"/> Initial Request		<input type="checkbox"/> Extension	<input type="checkbox"/> Member consented to sobering centers referral
Member's First Name:		Last Name:	Phone Number: IEHP Number:
Member's Address:			Zip Code:
Gender:	DOB:	Primary Language:	Responsible Party:
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English	Self <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Spanish	Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred pronoun:	Age:	<input type="checkbox"/> Other: _____	Public Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
			Advance Directive <input type="checkbox"/> Yes <input type="checkbox"/> No
			Responsible Party Name and Contact:
Diagnosis (required):			ICD-Code:
<u>Eligibility Criteria</u>			
Member must meet the following criteria:			
<input type="checkbox"/> Member ages 18 and older who are intoxicated but conscious, cooperative, able to walk, nonviolent, free from medical distress			
<input type="checkbox"/> Would otherwise be transported to the emergency department or jail			
AND/ OR			
<input type="checkbox"/> Presented at an emergency department and are appropriate to be diverted to a Sobering Center			
<i>Please note, if box is NOT checked, STOP. Member does not meet eligibility criteria.</i>			
<u>Clinical and Supporting Attachments:</u>			
Supporting medical documentation should include:			
<ul style="list-style-type: none"> Medical justification for services needed 			
<i>Please submit supporting documentation with the referral form.</i>			