

MYRTLE COURT RESIDENCE REFERRAL

Applicant Name: _____

Treatment Status

The person named above is currently enrolled in a substance abuse program or other programs that assist in the ongoing recovery of those individuals who have been or are addicted to opioids.

Program or Organization name: _____

Program or Organization Representative: _____ Program or Organization phone number: _____

Authorized Agency Representative Signature: _____ Date: _____

This certifying agency must be recognized as an agency that has a program designed to serve persons living in recovery of substance abuse.

Applications submitted by those individuals not currently in an opioid or substance abuse program will not be accepted.

When referrals are submitted, a completed *application, government issued identification card, social security card, a completed referral and any income the family are required. It is impossible to process referrals without this completed information. (Original documents only, no copies)

All referrals must be submitted by behavioral, medical or drug and alcohol case management or any other programs that assist those that are living in recovery.

Regarding self-referrals, the name of the organization, contact name and phone number must be provided.

***Applications for Myrtle Court will be taken
Tuesday - Wednesday between 9 a.m. – 11 a.m.**