



AllOne Recovery Educational Institute (AREI) Referral Form

Student Information:

Student Name:		Student ID:	
Phone & Email:		County of Residence:	
Substance Use Disorder Recovery: <input type="checkbox"/> Yes <input type="checkbox"/> No		Time in Recovery: <input type="checkbox"/> less than 6 mos. <input type="checkbox"/> 6-12mos. <input type="checkbox"/> 12-18 mos. <input type="checkbox"/> more than 18 mos.	

Referral Information:

Referral Program/Agency Name:	
Contact Name:	
Contact Phone and Email:	Referral Source: <input type="checkbox"/> College <input type="checkbox"/> Community

By signing this Referral form, I agree that all information provided is true and correct, and permit the program listed above to obtain referral determination information if needed.

STUDENT SIGNATURE

DATE

Please Return Completed Form to Melissa Wassel at mwassel@luzerne.edu

THIS SECTION TO BE COMPLETED BY AREI STAFF

ASSESSMENT DATE:

REFERRED:

YES

NO

Brief summary of reason for determination:

AREI Staff Signature

Title

Date