





**Sankalpa Addiction Treatment Services - Programme Referral Form (Apr 2018 v1)**



**Criterion for Sankalpa Addiction Treatment Services is as follows.**  
**All received referrals will be responded to within 5 working days.**

 <b>General</b>	 <b>Low threshold front line service</b>	 <b>Day Stabilisation Programme</b>	 <b>Specialist Post Treatment Rehabilitation CE programme</b>
<ul style="list-style-type: none"> <li>• 18 +</li> <li>• Male or female</li> <li>• From D7/11 priority given but not exclusive</li> <li>• Poly drug addiction or history of addiction</li> <li>• Motivated to undertake individualised addiction recovery pathway.</li> <li>• Will not present to the programme under the influence or affected.</li> <li>• Undertake the assessment and care planning process</li> <li>• Actively engage with key workers and case management systems</li> <li>• Will attend scheduled 1:1 sessions</li> <li>• Willing to work in a multi-disciplinary way</li> </ul>	<ul style="list-style-type: none"> <li>• Motivated to undertake stabilisation of illicit drug use and/or to undertake stabilisation of prescribed medication.</li> <li>• Willing to engage in reduce the use initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Motivated to undertake stabilisation of illicit drug use and/or to undertake stabilisation of prescribed medication</li> <li>• Will actively participate and engage in the group programme four times per week</li> <li>• Clients with a mental health diagnosis must be willing to work with their mental health team to become stable on their medication regime. Written verification of same required.</li> </ul>	<ul style="list-style-type: none"> <li>• No longer active in their individual addiction. Written verification of time drug free required</li> <li>• Recent engagement in addiction treatment supports/programme* within the previous 3 months of referral.</li> <li>• Detoxed from methadone* (or similar treatment) within the previous 3 months. Written verification from medical practitioner required.</li> <li>• Eligible for CE programme. Written verification from DSP will be sought.</li> <li>• Wanting to prepare for and return to the workplace.</li> <li>• Committed to maintaining your individual recovery and rehabilitation</li> <li>• Commitment to non-alcohol and/ or cannabis usage as agreed and identified in your individual initial assessment.</li> <li>• Active participation in therapeutic and developmental group work</li> <li>• Will commit to the hours of work placement agreed only.</li> <li>• Hold a current bank account</li> </ul>

**Notes:**

\*Addiction treatment supports may include residential drug free programmes, day addiction drug free programmes, community detox with medical supports, addiction treatment programme with key-working etc.

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**For self-referrals:**

I understand and agree that by completing this form, that I give consent for Sankalpa to make contact and to maintain any personal data below as required to provide me with a service. I understand that I can withdraw my consent and my details will be deleted  (box must be ticked to proceed)

**For referral agents:**

I have discussed and made the person referred aware that any personal data supplied is required for Sankalpa to make contact or provide a service. If after three unsuccessful attempts to contact the person referred, all details will be deleted and destroyed. The person referred has given consent for Sankalpa to contact them and to maintain any personal data required to provide them with a service and that they can withdraw their consent and their details will be deleted.  (box must be ticked to proceed)

**Referral form: Please tick preferred programme for referral:**  
**Stabilisation programme:**  **Drug free programme:**

<b>Client Name:</b>	
<b>Address:</b>	<input type="checkbox"/> Dublin 7 <input type="checkbox"/> Dublin 11 <input type="checkbox"/> Other Dublin postcode <input type="checkbox"/> Other Other (please outline):
<b>Phone:</b>	
<b>How did you hear about Sankalpa?</b>	<input type="checkbox"/> Friends <input type="checkbox"/> Family <input type="checkbox"/> Current/ past service user <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Social Media <input type="checkbox"/> Web-search <input type="checkbox"/> Sankalpa website <input type="checkbox"/> Flyer/ Poster <input type="checkbox"/> GP or clinic <input type="checkbox"/> Statutory Service <input type="checkbox"/> Community Service <input type="checkbox"/> Other keyworker
<b>Referral agent name:</b>	
<b>Name of organisation</b>	
<b>Referral Date</b>	
<b>Referral agent contact details</b>	
<b>Reason for referral and support needs required:</b>	

**Sankalpa Office use only:**

<b>Date referral received</b> __/__/201_ by email/ post/ phone/ in person	<b>Meets programme criteria:</b> Yes / No
Contact1: __/__/201_ by text/phone/email/ through referrer by _____	Contact made: Yes / No / Msg    Apt given Yes / No
Contact2: __/__/201_ by text/phone/email/ through referrer by _____	Contact made: Yes / No / Msg    Apt given Yes / No
Contact3: __/__/201_ by text/phone/email/ through referrer by _____	Contact made: Yes / No / Msg    Apt given Yes / No