



**ACAR Center, Inc.
633 Monroe Ave.
Memphis, TN 38103
901-527-3100**

Referral Agency: _____

Referred By: _____

Client Name: _____

Date of Referral: _____

You have been referred to the ACAR Center for:

- Alcohol & Drug Evaluation & to follow the recommendations of the ACAR Counselor.
- Chemical Abuse Rehab (Alcohol Rehab, Offenders No More Program)
- Alcohol Safety School
- Drug Offenders School
- Anger Management
- Domestic Violence
- Behavior Modification
- Parenting Program
- Other _____

You are instructed to call the ACAR Center, Inc. and schedule an appointment for an alcohol and drug evaluation within (5) days of the above date.

I understand by signing this form I am giving my approval for _____ (referring agency) and the ACAR Center to disclose information to assist in my assessment, program placement and care plan. I further understand that my records are protected under the Federal regulation governing confidentiality of alcohol and drug abuse records (42CFR Part 2). This release may be revoked at any time by notifying the referring agency and/or ACAR Center in writing. This consent shall expire one year from the date of this referral.

You are required to complete your assessment by _____, 20____.

Client

Date

Referring Counselor/Probation Officer

Date