REFERRAL FORM — SUBSTANCE SCREENING, TREATMENT AND RECOVERY FOR YOUTH (SSTRY) PROGRAM

REV. 2024.11

SSTRY uses evidence-based approaches to help youth ages 12-24 reduce or abstain from substance use through engagement in positive social activity and peer relationships, and improved family and social relationships. SSTRY is delivered in a clinic, community, or home-based setting for approximately 4 months in the treatment phase and 4 months in the recovery phase. Call or fax this form to the provider nearest the youth.

Child and Family Guidance Center
sstryreferrals@cfguidance.org
Phone: 203-394-6529 x3557 Fax: 203-394-6533
Bridgeport, Norwalk, Waterbury

The Children's Center of Hamden
LDesRosiers@tccoh.org
Phone: 203-248-2116 x 231
Meriden, Middletown, New Haven, Norwich

Community Health Resources
Phone: 877-884-3571 Fax: 960-646-4029
Enfield, Hartford, Manchester, New Britain

REFERRAL DATE:

Youth Information

Name: | Date of birth: | Age:
Street Address: | Town: | Phone Number:
Email Address: | School: | Current Grade:
Primary Language: | Race: | Ethnicity:
Youth resides with: | Relationship: | Phone Number:

Parent/Legal Guardian Information (if applicable)

Name: | Phone number: | Cell phone:
Street Address: | Town: | Primary Language:
E-mail address: | Relationship to Youth:

Reasons for Referral/Youth Concerns

Youth is currently using substances as evidenced by: ☐ Self-report ☐ Positive Urinalysis ☐ Police Report ☐ Witness of use ☐ Other

List substance(s) used in the past month:

☐ No past month substance use due to being in a controlled environment (e.g., residential treatment, hospital, other)

Substance use has negatively impacted: ☐ Relationships ☐ Family ☐ Education ☐ Physical Health ☐ Hobbies/Interests
☐ Mental/Emotional Health ☐ Legal ☐ Employment ☐ Living Arrangements ☐ Other

Is the youth willing to come to treatment? Uncertain

Additional Presenting Concerns for the Youth/Family (e.g. mental health, family stress, housing instability):

Identified recovery supports: ☐ Family ☐ Friends ☐ Faith-based ☐ Basic needs ☐ Legal ☐ Transportation ☐ Work/Education
☐ Hobbies/Sports ☐ Other

Referral Source Information

Name: | Agency/Org:

Phone: | Email Address: