SAGE Counseling
Social Accountability Guidance & Education

480.649.3352 ■ Fax 480.649.3358 ■ www.sagecounseling.net
Office locations: https://sagecounseling.net/office-locations/

REFERRAL FORM

Date: ADC #:
Release Date: Parole End Date:
Client Name: DOB:
Client Phone Number: Client Email:
Client Address: City: Zip:
Is this individual receiving medically assisted treatment (MAT)? ☐ Yes ☐ No

MOST AHCCCS PLANS ACCEPTED. Discounts may be available on services for those who qualify.

REQUESTED TREATMENT

Services available in English and Spanish

ALL PARTICIPANTS MUST COMPLETE AN ASSESSMENT. Clinical staff determine the necessity and level of treatment. If specific treatment requirements are in place, please indicate below:

- ☐ Drug/Alcohol Program
- ☐ DUI Education Program
- ☐ Underage Drinking Program
- ☐ Domestic Violence Program
- ☐ Anger Management Program
- ☐ Cognitive Skills/Recidivism Reduction Program
- ☐ Parenting Skills Program
- ☐ Shoplifting Education Program (8 hours)
- ☐ Mental Health Program

If specific treatment is required, please indicate type and number of hours: ______________________

Referral Source

Referral Agency: Name:
Referral Phone: Referral Email:

LOCATIONS FOR IN PERSON ASSISTANCE

BLACK CANYON HWY 15650 N Black Canyon Hwy, Suite B121, Phoenix, AZ 85053
OSBORN 3336 N 32nd St, Suite 120, Phoenix, AZ 85018
MARYVALE 3802 N 53rd Ave Suites 110 Phoenix, AZ, 85031
TEMPE 4435 S Rural Rd Suite 5 Tempe, AZ 85282

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