SUBSTANCE USE DIVERSION & SUPPORT (SUDS)

515 Oak St. Baraboo, WI 53913
608-963-4048; FAX: 608-355-4883
atcreferral@saukcountywi.gov

SOCIAL CONTACT REFERRAL FORM

ELIGIBILITY: Sauk County Resident, 18+ years old, Substance use disorder (priority is opioid addiction), Voluntary enrollment

* Active warrants must be resolved

DATE: _____

PLEASE LIST INFORMATION FOR THE PERSON YOU ARE REFERRING:
Items with a * are required

***NAME (First, MI, Last)**: _____

***ADDRESS**: _____

***PHONE**: _____ ***DOB**: _____

***GENDER**: F or M **PRIOR MILITARY**: Yes or No **RACE**: _____

NAME & RELATIONSHIP OF PERSON REFERRING: _____

_____

Does this person have a problem with substance abuse? Which substance(s)?:

_____

Does this person know you are referring them to the program? Yes or No

Completed referral forms may be submitted any of the following ways:

Faxed to: CJCC Office – 608-355-4883

Emailed to: ben.miller@saukcountywi.gov atcreferral@saukcountywi.gov

Mailed to: 515 Oak St. Baraboo, WI 53913
CJCC, 515 Oak St., Baraboo, WI 53913

In person: Dropped off to either of the above mailing addresses

Program Use Only:

Proxy Score: _____ **Eligible**: Y or N **Willing**: Y or N **Intake**: _____