

CONFIDENTIAL

SUBSTANCE ABUSE PROFESSIONAL REFERRAL

I acknowledge that I have received a referral to a Substance Abuse Professional in accordance with 49 CFR Part 655.62.

The cost of this service will be paid by: _____.

Substance Abuse Professional Referral:

Name: _____

Address: _____

City/State: _____

Phone: _____

Alternate Substance Abuse Professional Referral:

Name: _____

Address: _____

City/State: _____

Phone: _____

I, _____, have received a copy of this referral.
Employee/Applicant Full Name

Employee/Applicant Signature

Date

Agency Representative Full Name, Title

Telephone Number

Agency Name

Agency Representative Signature

Date