**LSS Aspen Center - Referral Information**

**Completed form should be emailed to:** [**AspenReferral@lsswis.org**](mailto:AspenReferral@lsswis.org)

**Date:** Click here to enter a date.

**Referral Source Name and Title:** Click here to enter text.

**Referral Source Phone:** Click here to enter text. **Referral Source email:** Click here to enter text.

**Funding Source:** Click here to enter text.

**Private Insurance:**

**Insurance Company:** Click here to enter text. **Phone number:** Click here to enter text.

**Policy Number for this individual:** Click here to enter text.

**Group Number:** Click here to enter text.

**Policy Holder Name and Date of Birth if different from Client:** Click here to enter text.

**Service requested:** Choose an item.

**Client Name:**Click here to enter text. **DOB:** Click here to enter text. **Primary addiction:** Choose an item.

**Date of last use:** Click here to enter a date. **In need of detoxification services?** Choose an item.

**Prior Treatment History:** Click here to enter text.

**Client is current IV drug user:** Choose an item. **Client is pregnant:** Choose an item.

**Is Client currently using Medication Assisted Treatment?  YES NO**

**If yes, provide information:** Click here to enter text.

**Note that client will need to get MAT services transferred to a local provider. See page 2 for information regarding options.**

**Physical Health and Current Medications:** Click here to enter text.

**Mental Health and Current Medications:** Click here to enter text.

**Client will arrive with physician orders for all medications (can be obtained from pharmacy or physician’s office) and a 30 day supply of current medications.**

**Behavioral Issues/History of Violence:** Click here to enter text.

**Any pending legal charges that could interfere with treatment:** Click here to enter text.

**Client is on probation. If yes, name/contact information for Probation Agent:** Click here to enter text.

**Client is on a commitment order. If yes, provide copy.**

**Assure that your referral is aware of COVID 19 conditions at the facility:** no visitors, no passes, no work search, mask worn at all times when not in bedroom, social distancing, ongoing hand and facility hygiene practices in place.  Client will be focusing on recovery and change.

**COVID 19 testing** is generally required prior to admission during the pandemic. Manager will provide info to you.

Upon receipt of your referral, Aspen Center Manager Connie Schrank or her designee will contact you to discuss potential admission date and pre-admission COVID 19 testing, free from communicable disease/TB screening, and transportation.

**Refer to next section** for additional information regarding Aspen Center.

**Client has been informed of the following by Aspen Staff or referral source:**

* Client should bring only a week’s worth of clothing and few personal belongings. There is limited space in bedrooms and all belonging have to fit neatly into a small dresser and closet area. Over-packing of belongings will result in client needing to have items removed from the facility.
* Although Aspen has not had an issue with bedbugs, many other residential programs have had this costly issue. To prevent the introduction of bedbugs, clients will be provided with a clean set of clothing upon arrival and will have all their clothing immediately washed. All non-clothing articles will be sprayed with a preventative bed bug spray. This is no commentary on the client’s current living situation or cleanliness; bed bugs can be picked up anywhere!
* Aspen Center provides bedding, towels and all food. Client will need to bring personal hygiene products, any current prescription and OTC medications (we will need to get physician orders per licensing).
* Clients are allowed a cell phone which will be kept in the office and the client will be allowed to use at designated times.

**MAT providers in Waukesha**:

Waukesha Comprehensive Treatment Center

2422 N Grandview Blvd, Waukesha, WI 53188

(855) 995-1962.

* Methadone
* Suboxone
* Subutex

Clean Slate 20611 Watertown Rd E, Waukesha, WI 53186

262-901-4450

* Suboxone
* Subotex
* Vivatrol