# Community Supports-Sobering Center Information and Referral form



## This referral form is required for authorization

Community Supports (CS) are services that are flexible, wrap-around supports designed to fill medical and socially determined health gaps. The services are provided as a substitute or to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

#### What are Sobering Centers?

Sobering Centers are a Community Support service that provides an alternative destination for individuals who are found to be publicly intoxicated (due to alcohol and/or other drugs) and would otherwise be transported to the emergency department or jail. Sobering Centers provide these individuals, primarily those who are homeless or those with unstable living situations, with a safe, supportive environment to become sober.

#### What is included?

Sobering Centers provide services such as medical triage, lab testing, a temporary bed, rehydration and food service, treatment for nausea, wound and dressing changes, shower and laundry facilities, substance use education and counseling, navigation and warm hand-offs for additional substance use services or other necessary health care services, and homeless care support services.

#### **Section 1: Member Information**

Last Name:	First Name:		Middl	e Name:
Referring Provider:		Medi-Cal # CIN	I: (9 digits/letter)	
Date of Birth:	Pl	none Number:		
Email:				
○ Homeless ○ At risk of Homeless	ness			
Is the member is intoxicated? O Yes	🔿 No			
Does the member consent? O Yes	⊖ No			
Brief description/notes:				

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Section 2: Referrer In	formation
Referrer: Hospital/SN	F PCP/Clinic
Referrer:	
Agency:	
Phone Number:	
Referrer Signature:	
Date:	

### If not submitted via the Provider Portal, you may fax this form to: (805) 681-3039

For any questions, please call the Community Supports Unit at (805) 562-1698.