



Empowering women, healing futures

AFTERCARE
REFERRAL FORM



Date of Referral:		Referred by:	
Client Name:		Date of Birth:	
Phone #:		Ok to Leave Message:	Yes or No
Residential Treatment Program Attended:		Date Completed:	

Previous Client of Womankind? Y or N

Phase 1 Referral	Wednesday Morning 1000 to 1200 (Weekly Face to Face)	Start Date:	
Phase 2 Referral	Wednesday Evening 1730 to 1900 (Phone Support and 1 Face to Face Monthly)	Start Date:	

What does the client hope to achieve from Aftercare?	
Process to Admit Client in Aftercare:	Initial
Care Path Completed	
Opened in Catalyst	
Client No Show from Referral. Receives 3 Telephone Follow-Up Calls to explore why not attending: 1. Date: 2. Date: 3. Date:	
Client Closed and/or Discharge Due to No Show X3: Date:	
Care Path Closure	
Discharge Section (if applicable)	
Catalyst Closed Program	
Catalyst Discharge from Service (if applicable)	